



City of Lynn
Office of Inspectional Services
Lynn City Hall
Lynn, MA 01901
Tel: (781) 598-4000

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section for Official Use Only

Building Permit Number: _____ Date Received: _____

Signature: _____
Building Commissioner/Inspector of Buildings Date Issued: _____

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____

1.2 Assessors Map & Parcel Number
Map Number _____ Parcel Number _____

1.3 Zoning Information: _____
Zoning District _____ Property Use _____ Ward _____

1.4 Property Dimensions:
Lot Area (sf) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply (M.G.L. c.40. § 54)
Public Private

1.7 Flood Zone Information:
Zone: _____ Outside Flood Zone

1.8 Sewage Disposal System:
Municipal On-site disposal system

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print) _____ Address _____
Signature _____ Telephone _____

2.2 Authorized Agent:

Name (Print) _____ Address _____
Signature _____ Telephone _____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Not Applicable

Licensed Construction Supervisor _____
Address _____
Signature _____ Telephone _____

License Number _____
Expiration Date _____

3.2 Registered Home Improvement Contractor

Not Applicable

Company Name _____
Address _____
Signature _____ Telephone _____

Registration Number _____
Expiration Date _____

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C (6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes? No.....?

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction	<input type="checkbox"/>	Existing Building	<input type="checkbox"/>	Repair (s)	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Addition	<input type="checkbox"/>
Accessory Bldg.	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Other	<input type="checkbox"/>	Specify: _____			

Proposed Use: Single Family Dwelling Two-Family Dwelling

Brief Description of Proposed Work

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

All Building, Wiring, Plumbing, Gas, Fire Suppression and Alarm Fees will be paid by the general contractor or owner at time of issuance.

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1- Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from Building Permit Fee	
3. Plumbing		(a) x (b)	
4. Fire Protection		Check Number	
5. Mechanical			
6. Total = (1+2+3+4+5)			

SECTION 10a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property hereby
 Authorize _____ to act on my behalf, in all matters relative to
 work authorized by this building permit application.

Signature of Owner _____ Date _____

SECTION 10b - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

 Print Name

 Signature of Owner / Agent

 Date _____

FEE BREAKDOWN OFFICIAL USE ONLY			Notes:
ITEM	MULTIPLIER	FEE	
Building			_____ _____ _____ _____
Electrical			
Plumbing			
Gas			
Total Permit Fee			

HOMEOWNER LICENSE EXEMPTION

(Please Print)

Name: _____ Date: _____

Job Location: _____

Mailing Address: _____

Phone: Home #: _____ Work #: _____

Brief description of work: _____

EXCEPTION: Any Homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 108.3.5; provided that if a Homeowner engages a person(s) for hire to do such work, that such Homeowner shall act as supervisor. This exception shall not apply to the field erection of a manufactured buildings constructed pursuant to 780 CMR 35 and 780 CMR R3. For the purposes of 780 CMR 108.3.5 a "Homeowner" is defined as follows: Person(s) who owns a parcel of land on which he/she *resides or intends to reside*, on which there is, or is intended to be, a *one or two family dwelling*, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a Homeowner.

The undersigned "Homeowner" shall assume all responsibility for compliance with 780 CMR the Massachusetts State Building Code, City of Lynn Zoning Ordinances and other applicable codes, by-laws, rules and regulations. The "Homeowner" certifies that he/she understands the City of Lynn's Department of Inspectional Services Building Division minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE: _____ Date: _____

APPROVAL OF BUILDING INSPECTOR: _____

Note: 780 CMR Sec. 116.0, Construction Control, requires that you shall employ the services of registered architect or engineer for buildings containing 35,000 or more cu. Ft. and retaining walls 10 ft. or more in height.

AFFADAVIT

As a result of the provisions of MB/ c 40 S54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the Construction activity governed by this Building permit shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111, S150A.

I certify that I will notify the Building Official (two months maximum) of the location of the solid waste facility where the debris resulting from the said construction activity shall be disposed of and I shall submit the appropriate form for attachment to the Building Permit.

The debris will be disposed of in which City or Town _____
Street Address

TYPE OF CONTAINER FOR TRANSPORTATION

Please print or type the following information

Name Permit Applicant

Firm Name (If Any)

Address

Signature of Permit Applicant

Date

Department of Inspectional Services
Building Division
Procedures & Requirements

- 1.) Application form filled out completely (as applicable), signed as necessary, with telephone number including area code, and written clearly.
- 2.) Description of work to be performed must be clear and brief ("see attached") is not an acceptable response.
- 3.) Site Plan required for any exterior addition, new construction, and change of use.
- 4.) Construction Plans- must be dimensioned, clearly drawn, and of sufficient detail to determine compliance with the Mass State Building Code. Materials, spacing, and fastening must be noted; location of smoke/heat detectors must be shown.
- 5.) Photo copy of construction supervisors license, Home Improvement Registration, Insurance affidavit including a copy of Certificate of Liability Insurance, homeowner exemption form, and HIC exemption form (as applicable).
- 6.) Plans required for: Basement remodel, bath remodel, kitchen remodel, porch enclosures, stairs, platforms, decks, pools and any other interior or exterior construction.
- 7.) Any approval as granted by any authority having jurisdiction, such as but not limited to: Conservation Commission, Zoning Board of Appeals, Planning Board, and Board of Health.



Affidavit for Home Improvement Contractor Permit Application
CITY OF LYNN, MASSACHUSETTS

For Office Use Only: Permit Number: Date:

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

MGL 142A, and 780 CMR 108.3.6 & R 6... requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units ...or to structures which are adjacent to such resident or building" be done by registered contractors, with certain exceptions, along with other requirement

Type of Work: Est. Cost:

Address of Work:

Owner's Name:

Date of Permit Application:

I hereby certify that registration is not required for the following reason(s):

- Work excluded by law Job Under \$1,000
Building not owner occupied Owner pulling own permit

Notice is hereby given that:

OWNER OBTAINING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c 142A.

Signed Under penalties of Perjury:

I hereby apply for a permit as the agent of the owner:

Contractors Name Date Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property.

THE UNDERSIGNED "HOMEOWNER" ASUMES FULL RESPONSIBILITY FOR COMPLIANCE WITH THE STATE BUILDING CODE, OTHER APPLICABLE CODES, BY-LAWS, REGULATIONS AND THE CITY OF LYNN INSPECTIONAL SERVICES DEPARMENT PROCEDURES AND REQUIREMENTS.

Owners Name Date

Affidavit for Home Improvement Contractor Permit Application
CITY OF LYNN, MASSACHUSETTS

AFFADAVIT

As a result of the provisions of MB/ c40 S554, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by the Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111,S150A.

I certify that I will notify the Building Official (two months maximum), of the location of the solid waste facility where the debris resulting from the said construction activity shall be disposed of and I shall submit the appropriate form for attachment to the Building Permit.

The debris will be disposed of:

City or Town

Address

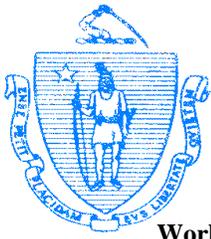
Type of container to transport debris: _____

Name of permit applicant: _____

Firm name (if applicable): _____

Address: _____

Signature of permit applicant: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors

Applicant information: Please PRINT legibly

name: _____

address: _____

city _____ state: _____ zip: _____ phone # _____

work site location (full address): _____

I am a homeowner performing all work myself. Project Type: New Construction Remodel
 I am a sole proprietor and have no one working in any capacity. Building Addition

I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

I am a sole proprietor, **general contractor**, or **homeowner** (*circle one*) and have hired the contractors listed below who have the following workers' compensation policies:

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department

check if immediate response is required Licensing Board

Selectmen's Office

contact person: _____ phone #: _____ Health Department

Other _____

(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an *employee* is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An *employer* is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that **every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.** Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406