



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

Town of Freetown
Building Dept.
P.o.Box 438
3 North Main St.
Freetown Ma.02702
508-644-2202

This Section For Official Use Only ESS 3/2011

Building Permit Number: _____

Date Applied: _____

Building Official (Print Name) _____

Signature _____

Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: _____

1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes _____ no _____

Map Number _____

Parcel Number _____

1.3 Zoning Information:

1.4 Property Dimensions:

Zoning District _____

Proposed Use _____

Lot Area (sq ft) _____

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)

1.7 Flood Zone Information:

1.8 Sewage Disposal System:

Public

Private

Zone: _____

Outside Flood Zone?

Check if yes

Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____

City, State, ZIP _____

No. and Street _____

Telephone _____

Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction

Existing Building

Owner-Occupied

Repairs(s)

Alteration(s)

Addition

Demolition

Accessory Bldg.

Number of Units _____

Other Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)
1. Building	\$ _____
2. Electrical	\$ _____
3. Plumbing	\$ _____
4. Mechanical (HVAC)	\$ _____
5. Mechanical (Fire Suppression)	\$ _____
6. Total Project Cost:	\$ _____

Official Use Only

1. Building Permit Fee: \$ _____ Indicate how fee is determined:

Standard City/Town Application Fee

Total Project Cost³ (Item 6) x multiplier _____ x _____

2. Other Fees: \$ _____

List: _____

Total All Fees: \$ _____

Check No. _____ Check Amount: _____ Cash Amount: _____

Paid in Full

Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____ Email address _____

License Number _____ Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____ Telephone _____

HIC Registration Number _____ Expiration Date _____

Email address _____

SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S 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.

Print Owner's Name (Electronic Signature) _____ Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____ Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will *not* have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date). Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____

TOWN OF FREETOWN

NOTICE TO TAX COLLECTOR

To: Diane Lawless Treasurer/Tax Collector

Town of Freetown
3 North Main St.
Assonet MA 02702

From: Building Department

Address of location for permit use.

Date: _____

Please inform this department, as to whether or not the following property owner/applicant owes the Town of Freetown any outstanding taxes and /or municipal charges that remain unpaid for more than one year.

Name of Applicant

Address of Applicant

Name of Property Owner

Address of location Permit use

Please stop at the Assessor's Office for the map and lot #'s.

Map _____ Lot _____

To be filled out by Tax Collector Department.

DOES PROPERTY OWNER APPLICANT OWE TAXES/MUNICIPAL CHARGES FOR MORE THAN ONE YEAR?

Signed by Tax Collector _____ (Yes or No)