

Town of Lancaster

Inspectional Services

701 Main St Lancaster MA 01523 Phone: 978-365-3326 ext. 1310 Fax: 978-368-4009

This section for o	fficial use only
Permit #	
Date:	
Fee:	
[] Check	[]Cash

Building Permit Application

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. Location, ownership, and detail must be correct, complete, and legible. A separate application is required for each structure. **All applicable signatures are required**. Plans, where applicable, must be filed with this application together with a plot plan showing existing and proposed structures, all setbacks, driveways, turnaround, water and sewer lines, wells and sewage disposal systems, and existing and proposed grades.

Do not leave any blank spaces on this application, if a section does not apply fill in area with "N/A". This Section For Official Use Only. Signature Date Building Commissioner/Building Inspector Section 1 - Site Information **Property Address:** Assessor Map Parcel Residential [] Commercial [] Proposed use per Lancaster Use Regulation Schedule: Zoning district: Was a Special Permit Granted? [] Yes [] No Was a Variance Granted? [] Yes [] No Site plan review? [] Yes [] No **Building Setbacks** Front Yard(s) Side Yard(s) Rear Yard(s) Provided Lot Area(sf or acres) Lot Coverage % Frontage (ft) Is the proposed work in or near a wetland? [] Yes [] No Has a Determination of Applicability been issued by the Conservation Commission or MassDEP? [] Yes [] No Has an Order of Conditions been Issued? [] Yes [] No **DEP file Number:** Have all pre construction requirements of the Order of Conditions been satisfied [] Yes [] No [] N/A Section 2 - Property Owner Name Phone **Email Address** Address City State Zip Section 3 - Authorized Agent (If other than owner applying, also complete section 8) Name **Phone Email Address** Address City State Zip Section 4 - Licensed Construction Supervisor Name Phone Number Address **Email Address** City Signature License Number **Expiration Date** Section 5 - Registered Home Improvement Contractor Name **Phone Number** Address **Email Address** City Zip Signature **Registration Number Expiration Date**

Section 6 - Des	cription o	of Proposed Wor	I K			
[] New Constru	uction	[] Alterations	[] Siding	1] Change of Use	
[] Accessory St	ccessory Structure [] Demolition [] Insulation] Solar/Renewable Energy		
[] Addition		[] Roofing	[] Pool/Spa] Other:	
Brief Description	of Propos	sed Work:				
						
Item	Es	stimated Cost				
Building						
Electrical						
Plumbing						
Mechanical			THE REAL PROPERTY.			
Fire Protection						
Total:			Value as appro	ved by buildi	ng Official:	
		oject Specificati				
Use group(s) per	State Buil	ding Code (list all)	New use	group(s) (if change of use)	
Construction typ	e per State	e Building Code			West more than the second	
			Exist Ne	w Established		
Total square foo				Heating T	ype:	
Total square foo					: [] Gas [] Oil [] Electric	
Total Square foo					r Conditioning: [] Yes [] N	0
Number of room		ng bathrooms)		Number	Number of Fireplaces:	
Number of bedro						
Number of full b				Water supply: [] Well [] Public		
Number of half b				Water qu	Water quality test attached: [] Yes [] No	
	s or stories	(including basen	nent)	Waste water disposal: [] Private [] Public		
Total area(sf)					Waste water system design approved: [] Yes [] No	
				Waste wa	ter system design approved: [] Yes [] No
Total height(ft)					STATE OF THE STATE	
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Property Address:

Town of Lancaster

Inspectional Services

701 Main St Lancaster MA 01523 Phone: 978-365-3326 ext. 1310 Fax: 978-368-4009

Commercial Building Permit Design and Construction Services Contact Sheet.

For use when applying for a commercial building permit. Attach to your commercial application.

For buildings a	nd structures subject	to construction control per	780 CMR, containing greater than 35,000 cubic feet o
enclosed space	e, also include an initia	al construction control docu	ment for each area of responsibility.
Registered Arc	hitect	M. 60	
Name First	Middle	Last.	Registration Number
Address City	State	Zip	Area of Responsibility
Signature	State	Phone	Email
Registered Pro	fessional Engineer	Land Hall Mill Carl	
Name	Middle	Last	Registration Number
Address City	State	Zip	Area of Responsibility
Signature	State	Phone	Email
Registered Pro	fessional Engineer		
Name	Middle	Last	Registration Number
Address City	State	Zip	Area of Responsibility
Signature		Phone	Email
Registered Prof	fessional Engineer		
Name First	Middle	Last	Registration Number
Address City	State	Zip	Area of Responsibility
Signature	5000	Phone	Email
General Contra	ctor		
Company Name			Responsible person in charge of construction
Address City	Ctata	Zin	
Signature	State	Zip	Email



The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations Lafayette City Center 2 Avenue de Lafayette, Boston, MA 02111-1750

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information Please Print Legibly

		2 TOWN 2 TIME LINGTHY	
Name (Business/Organization/Individual):			
Address:			
City/State/Zip:	Phone #:		
Are you an employer? Check the approximate 1. I am a employer with employees (full and/or part-time).* 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †	4. 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. 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.]	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 Homeowners who submit this affidavit indicating the Contractors that check this box must attached an additional employees. If the sub-contractors have employees, the	ey are doing all work and then hire outside contractors itional sheet showing the name of the sub-contractors ey must provide their workers' comp. policy number.	s must submit a new affidavit indicating such. and state whether or not those entities have	
I am an employer that is providing worker information.	's' compensation insurance for my employ	ees. Below is the policy and job site	
Insurance Company Name:			
Policy # or Self-ins. Lic. #:	Expir	ration Date:	
Job Site Address:	City/S	tate/Zip:	
Attach a copy of the workers' compensate Failure to secure coverage as required under fine up to \$1,500.00 and/or one-year imprisof up to \$250.00 a day against the violator. Investigations of the DIA for insurance coverage at the pains and per th	er Section 25A of MGL c. 152 can lead to the sonment, as well as civil penalties in the for Be advised that a copy of this statement may rerage verification.	he imposition of criminal penalties of a rm of a STOP WORK ORDER and a fine hay be forwarded to the Office of	
		viaea above is true ana correct.	
Signature:	Date:		
Phone #: Official use only Do not write in this a	rea, to be completed by city or town officia	·i	
Issuing Authority (check one): 1□Board of Health 2□ Building Der Inspector 6.□Other		ectrical Inspector 5 Plumbing	
Contact Person: Phone #:			