

Town of Lancaster

Inspectional Services

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

This section for official use only	
Permit #	
Date:	
Fee:	
<input type="checkbox"/> Check	<input type="checkbox"/> 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 <input type="checkbox"/> Commercial <input type="checkbox"/> Zoning district:		Proposed use per Lancaster Use Regulation Schedule:	
Was a Special Permit Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a Variance Granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Site plan review? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has a Determination of Applicability been issued by the Conservation Commission or MassDEP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has an Order of Conditions been Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No DEP file Number: _____			
Have all pre construction requirements of the Order of Conditions been satisfied <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	
First	Middle	Last	
Address		Email Address	
City	State	Zip	
Signature		License Number	Expiration Date
Section 5 - Registered Home Improvement Contractor			
Name		Phone Number	
First	Middle	Last	
Address		Email Address	
City	State	Zip	
Signature		Registration Number	Expiration Date

Section 6 - Description of Proposed Work

☐ New Construction ☐ Alterations ☐ Siding ☐ Change of Use
☐ Accessory Structure ☐ Demolition ☐ Insulation ☐ Solar/Renewable Energy
☐ Addition ☐ Roofing ☐ Pool/Spa ☐ Other:

Brief Description of Proposed Work:

Item	Estimated Cost	
Building		
Electrical		
Plumbing		
Mechanical		
Fire Protection		
Total:		Value as approved by building Official:

Section 7 - Property / Project Specifications

Use group(s) per State Building Code (list all)		New use group(s) (if change of use)	
Construction type per State Building Code			
	Exist	New	
Total square footage of living space			Heating Type:
Total square footage of garage space			Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other
Total Square footage of unfinished space			Central Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of rooms (excluding bathrooms)			Number of Fireplaces:
Number of bedrooms			
Number of full bathrooms			Water supply: <input type="checkbox"/> Well <input type="checkbox"/> Public
Number of half bathrooms			Water quality test attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of floors or stories (including basement)			Waste water disposal: <input type="checkbox"/> Private <input type="checkbox"/> Public
Total area(sf)			Waste water system design approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total height(ft)			

Section 8- Owner's Authorization – To be completed when owner's agent or contractor applies for building permit.

I, name of owner as per Section 2 as owner of the subject property, hereby authorize name of agent as per Section 3 to act on my behalf, in all matters relative to work authorized by this permit application.

Signature of Property Owner

Date

WARNING: HOMEOWNERS WHO CONTRACT WITH AN UNREGISTERED CONTRACTOR DO NOT HAVE ACCESS TO THE GUARANTY FUND (M.G.L. C 142a)

Section 9 - Owner / Authorized Agent Declaration

I, name of agent as per Section 3 or owner per Section 2 if no agent, 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 or belief. Signed under the pains and penalties of perjury. False statements will result in the revocation of permit. The undersigned assumes all responsibility for compliance with the State Building Code and other applicable codes, ordinances, bylaws, rules, and regulations of the Town of Lancaster. Permits shall be void after six months of issue unless construction has commenced.

Signature of Owner/Agent

Date

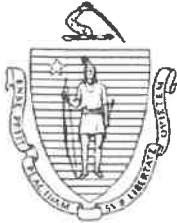
Section 10- Debris Disposal (M.G.L. c40, s54)

In accordance with M.G.L. c40 s54, a condition of the building permit is that debris resulting from this permit be disposed of in a properly licensed solid waste facility as defined by M.G.L c111, s150A.

The debris will be disposed in name and location of facility.

Section 11 -Town Agency Approvals

<input type="checkbox"/> Highway Department	<input type="checkbox"/> Planning Department
<input type="checkbox"/> Fire Department	<input type="checkbox"/> Treasurer/collector
<input type="checkbox"/> Board of Health	<input type="checkbox"/> Other
<input type="checkbox"/> Conservation Commission For all work disturbing earth	



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**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an 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 attach 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 (check one):

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

Contact Person: _____ Phone #: _____