

NAME AND ADDRESS OF PRESENT OWNER OF LAND AND/OR BUILDING:

Name _____

Address _____

TEL # _____

Lot No. _____

House No. _____

TOWN OF WHITMAN APPLICATION FOR PERMIT

P.O. Box 426
Whitman, MA 02382
Tel. (781) 618-9770
Fax (781) 618-9797



PERMIT MUST BE ON SITE BEFORE WORK STARTED

Issue Date _____ 20____
PERMIT No. _____ Fee _____
Application Date _____ C/O ___ Y ___ N ___

Zone _____ Type _____ Use _____

Structure Size: Length _____ Width _____ Height _____ Sq. Footage _____

Distance from Lines: Front _____ Left Side _____ Right Side _____ Rear _____

PLOT PLAN must be filed.	ALTERATIONS _____	SIGN _____
FLOOR PLANS must be filed.	ADDITION _____	NO. FLOORS _____
Control Construction must be stamped and signed by registered A/E in Massachusetts.	BUILDING _____	NO. BATHS _____
DETAIL/ELEVATION drawings must be filed.	REPAIRS _____	NO. BEDROOMS _____
	SWIMMING POOL _____	BASEMENT _____
	DEMOLITION _____	FIREPLACE _____

TOTAL COST OF PROJECT _____ EST. COST BY INSPECTOR _____

Plumber _____

Heating Contractor _____

Mason _____

Electrician _____

DESCRIBE JOB:

NAME & ADDRESS OF CONTRACTOR

NAME & ADDRESS OF OWNER OR AUTHORIZED AGENT

Tel. _____ Signature _____

Tel. _____

Mass. Supervisor's License No. _____

Signature _____

H.I.C. License No. _____

Signature of Board of Health

Signature of Inspector of Buildings/Building Commissioner



Town of Whitman Building Commissioner

ZONING OFFICER
P.O. BOX 426, WHITMAN, MASSACHUSETTS 02382
FAX: 781-618-9797

ROBERT CURRAN
Building Commissioner
Zoning Enforcement Officer
(781) 618-9770
Bob.Curran@whitman-ma.gov

PETER PALAZA
Wiring Inspector
(781) 447-3875

MARK GETCHELL
Plumbing Inspector
Gas Inspector
(781) 447-3736

HOMEOWNER LICENSE EXEMPTION

DATE _____

JOB LOCATION _____
(NUMBER) (STREET ADDRESS)

HOMEOWNER _____
(NAME) (HOME PHONE) (WORK PHONE)

PRESENT MAILING ADDRESS _____
(CITY/TOWN) (STATE) (ZIP CODE)

Any Home Owner 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 Home Owner engages a person(s) for hire to do such work, that such Home Owner shall act as a supervisor. This exception shall not apply to the field erection of a manufactured building constructed pursuant to 780 CMR 35 and CMR R3.

DEFINITION OF HOMEOWNER:

Person who owns a parcel of land on which he/she resides or intends to reside, on which there is , or is intended to be, 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 e considered a home owner.

HOMEOWNERS'S SIGNATURE _____

APPROVAL OF BUILDING OFFICIAL _____



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

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. 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.
- 6. 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):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 Whitman Building Commissioner

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FAX: 781-618-9797

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In accordance with the provisions of MGL Chapter 40, Section 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A. The debris will be disposed of in:

Location of Facility

Signature of Permit Applicant

Date



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Building Permit Fee Schedule

Residential

\$30.00 Permit Fee
\$12.00 for each \$1,000.00 or portion thereof job cost
\$50.00 Minimum Permit Fee
**Work started without a permit results in normal fee to be doubled*

Commercial

\$50.00 Permit Fee
\$15.00 for each \$1,000.00 of portion thereof job cost
\$100.00 Minimum Permit Fee

Signs

\$100.00 for each sign

Other

\$50.00 Demolition
\$50.00 Wood & Coal Stoves
\$100.00 Temporary Emergency Trailers

Pools

\$50.00 Above Ground
\$100.00 In-Ground

Certificate of Occupancy

\$40.00 Residential
\$75.00 Commercial

Certificate of Inspection

\$75.00

Re-Inspections

\$50.00

**Estimated cost of construction based on \$120.00 / square foot*

Effective: January 1, 2019

Voted on by the Board of Selectmen: December 18, 2018

Approved by the Board of Selectmen: December 18, 2018