



City of Quincy
Building Permit Application
(Please Print Legibly)

1
Permit #: _____

Job Address: _____ **Submittal Date:** _____

Existing Use: _____ **Proposed Use:** _____ **How many families?** _____

Description of Work: _____

Estimated Value of Work: _____

Owner: _____ **Are you the Lessee?** _____

Address: _____ **Phone/Fax:** _____

Construction Supervisor: _____

Address: _____ **Phone/Fax:** _____

License # _____ **Type:** _____ **H.I.C. Registration #:** _____

Architect/Engineer: _____

Address: _____ **Phone/Fax:** _____

Debris Disposal Facility: _____

"I/We hereby certify that I/we are the owner of record and have authorized the work described in this application and further authorize the people named on this application to act as my agents in matters concerning this project. I/We further certify under the pains and penalties of perjury that all statements made herein are true and accurate."

Property Owner's Signature(s): _____ **Date:** _____

Property Owner's Name(s) (print): _____

Agent/Const. Super. Signature: _____ **Date:** _____

Agent/Const. Supervisor Name (print): _____

Building Department Use:

Permit Fee:	Sewer Rehab Fee:	Total Fee:	
Zoning District:	Assessor's Map:	Plot #	Lot #
Construction Type:	Use Code:		
ZBA Case #:	Historic District:	Flood Plain:	
Existing Setbacks:	Front:	Side L:	Side R:
Proposed	Front:	Side L:	Side R:
Required	Front:	Side L:	Side R:
Fire Prevention:			
Alarm Division:			
Wire Department:			
Plumbing Department:			
Engineering (Grade Letter):			
Conservation Commission:			
Water, Sewer:			
Traffic Engineer:			
Health Department:			

TYPE OF IMPROVEMENT	PROPOSED USE	NON-RESIDENTIAL
12 _____ New Building	21 _____ Single Family	29 _____ Amusement, Recreation
13 _____ Addition	22 _____ Multi-Family:	30 _____ Church, Other Religious
14 _____ Alteration	_____ # of Units	31 _____ Industrial
15 _____ Repair, Replace	23 _____ Hotel, Motel,	32 _____ Theater, Assembly
16 _____ Demolition	_____ # of Units	33 _____ Serv Station, Repair
17 _____ Move/Relocate	24 _____ Garage	34 _____ Hospital, Institutional
18 _____ Swimming Pool	25 _____ Porch, Deck	35 _____ Office, Bank, Professional
19 _____ Sign	26 _____ Accessory Building	36 _____ Restaurant
20 _____ Other	27 _____ Recreation	37 _____ Library, Other Educational
_____	28 _____ Other: _____	38 _____ Stores, Mercantile
_____	_____	39 _____ Other: _____

Approval/Disapproval by: _____ Date: _____ Permit _____

AFFIDAVIT OF HOMEOWNER
APPLYING FOR A BUILDING PERMIT

A homeowner may obtain a building permit without having a builder's license if they meet the following criterion:

“Homeowner” as defined in 780 CMR 108.3.5” ...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.”

I hereby certify that I am a “Homeowner” according to the above definition and will assume full responsibility for the attached building permit. I will assure conformance to applicable sections of both the Massachusetts State Building Code and City of Quincy Ordinances. I understand that I may be held liable for violations of the law, defects in workmanship, and any accidents which may occur in the building of this project.

**PERSONS CONTRACTING WITH UNREGISTERED HOME IMPROVEMENT
CONTRACTORS DO NOT HAVE ACCESS TO THE GUARANTY FUND.**

Signed: _____

EXEMPTION FROM SEWERAGE REHABILITATION FUND
City Council Order Number 36 of 1990

I hereby certify that the subject property is a **one, two, or three family** and I will live here for at least one year from the date of completion of this project. If the foregoing is found not to be true, I hereby agree to pay the Sewer Rehabilitation Fee within thirty (30) days of receipt of a due notice.

Signed: _____

The Commonwealth of Massachusetts

Inspectional Services Department • 55 Sea Street • Quincy, MA 02169
Tel. (617) 376-1450 • Fax: (617) 376-1465 • www.ci.quincy.ma.us

Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, Massachusetts 02111

www.mass.gov/dia

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

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual)

<p>Are you an employer? Check the appropriate box:</p> <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 partner-Ship and have no employees</p> <p>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>	<p>Type of project (required)</p> <p>6 <input type="checkbox"/> New construction</p> <p>7 <input type="checkbox"/> Remodeling</p> <p>8 <input type="checkbox"/> Demolition</p> <p>9 <input type="checkbox"/> Building addition</p> <p>10 <input type="checkbox"/> Electrical repairs or additions</p> <p>11 <input type="checkbox"/> Plumbing repairs or additions</p> <p>12 <input type="checkbox"/> Roof repairs</p> <p>13 <input type="checkbox"/> Other</p>
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*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 25 A 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: _____ Phone No: _____ Date: _____

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. Eletrical Inspector 5. Plumbing Inspector 6. Other

Contact person:

Telephone #