

**SECTION 4 – WORKERS’ COMPENSATION INSURANCE AFFIDAVIT (M.G.L. C.152 s 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 5 – DESCRIPTION OF PROPOSED WORK (check all that apply)**

New Construction \_\_\_ Existing Building \_\_\_ Repair(s) \_\_\_ Alteration \_\_\_ Addition \_\_\_  
 Accessory Bldg \_\_\_ Demolition \_\_\_ Other \_\_\_ Specify \_\_\_\_\_

Brief Description of Proposed Work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 6 – USE GROUP AND CONSTRUCTION TYPE**

A. Assembly	1A	M. Mercantile	4
	1B	R. Residential	5A
B. Business	2A	S. Storage	5B
E. Educational	2B	U. Utility	Specify _____
F. Factory	2C	M. Mixed Use	Specify _____
H. High Hazard	3A	S. Special Use	Specify _____
I. Institutional	3B		

**COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE**

Existing Use Group \_\_\_\_\_ Proposed Use Group \_\_\_\_\_

Existing Hazard Index 780 CMR 34 \_\_\_\_\_ Proposed Hazard Index 780 CMR 34 \_\_\_\_\_

**SECTION 7 – BUILDING HEIGHT AND AREA**

<u>BUILDING AREA</u>	<u>EXISTING (if applicable)</u>	<u>PROPOSED</u>
Number of floors or stories (include basement levels)	_____	_____
Floor Area per Floor (square feet)	_____	_____
Total Area (square feet)	_____	_____
Total Height (feet)	_____	_____

**SECTION 8 – ESTIMATED CONSTRUCTION COSTS \*Estimated Cost (Dollars) to be completed by permit applicant**

1) Building	\$ _____	
2) Electrical	\$ _____	
3) Plumbing	\$ _____	
4) Mechanical (HVAC)	\$ _____	
5) Fire Protection	\$ _____	
6) Total =	\$ _____	Building Permit Fee = \$ _____

**SECTION 9 – MUNICIPAL DEPARTMENT SIGNATURE**

Conservation _____	DPW (Road Cut) _____
Board of Health _____	Taxes _____
Fire Dept. _____	Board of Appeals _____