

**SECTION 4 – WORKERS’ COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 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 applicable)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/>	Specify: _____	

Brief Description of Proposed Work:

\_\_\_\_\_

\_\_\_\_\_

Structure – Overall Dimension:    Length                                      Width                                      Height

**SECTION 6 – ESTIMATED VALUE OF CONSTRUCTION**

Item	Estimated Value to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier	
1. Building			
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1+2+3+4+5)		Check Number	

**SECTION 7a – OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNER’S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b – OWNER / AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, 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 and belief.

Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 8-MUNICIPAL DEPARTMENT SIGNATURES OF CHECK OFF**

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