



TOWN OF STURBRIDGE

Residential Building Permit Application Roofing, Siding, Doors, Demo & Window Replacements NO STRUCTURAL CHANGES

Property Address: _____ Date Applied: _____

Owner of Record:

Name _____ City, State, Zip Code _____
No. and Street _____ Phone Number _____ Email Address _____

Description of Proposed Work:

Project Cost: _____

Construction Supervisor License (CSL):

Name of Licensee: _____ CSL Number _____ Expiration Date _____ Type _____
Address: _____ Phone Number _____ Email Address _____

Registered Home Improvement Contractor (HIC):

Name of Licensee: _____ HIC Number _____ Expiration Date _____ Type _____
Address: _____ Phone Number _____ Email Address _____

Homeowners Exemption Form To be signed only if Homeowner is performing the work.

Definition of Homeowner: 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 single 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. By signing this form the "homeowner" shall be responsible for all such work performed under the building permit issued. (Section 109.1.1) NOTE: Homeowners should also be aware that Under the Home Improvement Contractor Law of 1992 (M.G.L. c.142A) that if the homeowner applies for the building permit, he or she may NOT be eligible for compensation from the Guaranty Fund should a disagreement develop between the homeowner and the contractor.

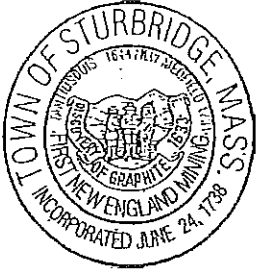
Homeowner's Signature _____

Date _____

Debris Disposal Affidavit

In accordance with the provisions of MGL C40, §54, a condition of your Building Permit is the debris resulting from this work shall be disposed of in a properly licensed solid waste facility as defined by MGL C111, §150A.

Name and Address of Disposal Facility: _____



Town of Sturbridge

Barbara A. Barry, Finance Director

Department/Board/Committee: _____

Please verify outstanding tax/fee status for the following property owner:

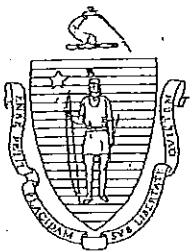
Property Owner: _____

Property Location: _____

-
- ☐ The license/permit may be released.
 - ☐ The license/permit may not be released.

Finance Director

Date



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
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:

1. ☐ I am a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
5. ☐ 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):

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 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 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 (circle one):

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

Contact Person: _____ Phone #: _____