APPLICATION FOR BUILDING PERMIT
TOWN OF BRAINTREE

To the INSPECTOR OF BUILDINGS: Date: _____________________
The undersigned hereby applies for a permit to: _____Build _____Alter _____ Demolish

1. Address of work: ____________________________________________

2. Name and Address of Owner: ____________________________________________
   Phone Number: _____________________

3. Name and Address of Contractor: ____________________________________________
   Phone Number: _____________________
   E-Mail Address: _____________________ Cell Number: _____________________

4. Construction Supervisors License #: ________________________________ Photocopy required

5. Home Improvement Contractor Registration #: __________________________ Photocopy required

6. How is building/structure to be occupied: Residential _____ No. of Units ______, Commercial _____ Industrial _____ Other: _____________________________

7. Brief Description of Proposed Work:

   __________________________________________
   __________________________________________
   __________________________________________

8. Plans Submitted ___ Yes ___ No All work to be performed in accordance with Massachusetts State Building Code (780 CMR)

9. Estimated/Contractual Value of Work $ __________________

   Home Owners obtaining permits under license waivers are NOT eligible for compensation under the State Home Improvement Contractor Program!

10. Signature of Authorized Representative: ____________________________

    Official Use Only! Do Not Write Below Line

    Approved By: _____________________ Date: __________ Permit No. __________ Fee: ______
    Map: _______ Plot: _______ District: ____________________________
The Commonwealth of Massachusetts  
Department of Industrial Accidents 
Office of Investigations 
600 Washington Street 
Boston, MA 02111 
www.mass.gov/dia 

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

Applicant Information  
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.]‡ 

☐ 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.‡ 
☐ 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 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 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: Town of Braintree Permit-License #  
Issuing Authority (circle one): 

Contact Person: R. Forsberg / M. McGourty Phone #: 781 794-8070 

E. Erskine
AFFADAVIT
Home Improvement Contractor Law
Supplement to Permit Application

MGL c. 142A requires that the reconstruction, alteration, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing, owner occupied building containing at least one but not more than four dwelling units, or two structures which are adjacent to such residence or building, be done by registered contractors with certain exception, along with other requirements.

Type of Work: ___________________________ Est. Cost: __________________
Address of Work: ____________________________________________________
Owner's Name: ______________________________________________________
Date of Permit Application: ___________________________

____ I hereby certify that registration is NOT required for the following reason(s):
_____ Work Excluded      _____ Under $1,000      _____ Not Owner Occupied

____ I hereby acknowledge my responsibilities as the Licensed Builder under the Home Improvement Contractor Law which is applicable for this application.

____ Owner obtaining building permit: Please note that property owners obtaining their own permit are not eligible for the arbitration program or guaranty fund under MGL c. 142A

Signed under the penalties of perjury

__________________________  ____________________________
Date                                    Contractor Signature             Registration No.

__________________________
Date                                    Property Owner Signature (If Applicable)

DEBRIS FORM

In accordance with the provisions of MGL c. 40 s. 54, a condition of a building permit is that the debris resulting from any work be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111 s. 150A.

NAME OF DISPOSAL COMPANY: ____________________________________________

__________________________
Signature of Applicant          Date
HOMEOWNER LICENSE EXEMPTION

Please Print

Job Location: ____________________________________________

Number Street

Home Phone: __________________________

Homeowner: ____________________________________________ Work Phone: __________________________

Present Mailing Address: __________________________________________

Number Street

City/Town State Zip Code

The current exemption for "Homeowners" is defined as owner-occupied dwelling of two units or less and to allow such homeowners to engage an individual for hire that does not possess a license, provided that the owner acts as supervisor.

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 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. Such "Homeowners" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the Building Permit.

The undersigned "Homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "Homeowner" certifies that he/she understands the Town of Braintree Building Department’s minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER SIGNATURE: ____________________________________________

APPROVAL OF BUILDING OFFICIAL: ____________________________________________