The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR

Building Permit Application to Construct, Repair, Renovate Or Demolish a ***One- or Two-Family Dwelling***

The City of Holyoke Building

Department

20 Korean Veterans Plaza

Room 300

Holyoke, MA 01040

413-322-5600 [www.holyoke.org](http://www.holyoke.org/)

This Section For Official Use Only

Building Permit Number: Date Applied:

Building Official (Print Name) Signature Date

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**

1.1a Is this an accepted street? yes no

**1.3 Zoning Information:**

Zoning District Proposed Use

**1.5 Building Setbacks (ft)**

**1.2 Assessors Map & Parcel Numbers**

Map Number Parcel Number

**1.4 Property Dimensions:**

Lot Area (sq ft) Frontage (ft)

Front Yard Side Yards Rear Yard

Required Provided Required Provided Required Provided

**1.6 Water Supply:** (M.G.L c. 40, § 54) Public  Private 

**1.7 Flood Zone Information:**

Zone: Outside Flood Zone?

Check if yes

**1.8 Sewage Disposal System:**

Municipal  On site disposal system 

**2.1 Owner1 of Record:**

**SECTION 2: PROPERTY OWNERSHIP1**

Name (Print) City, State, ZIP

No. and Street Telephone Email Address

**SECTION 3: DESCRIPTION OF PROPOSED WORK2 (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition 

Demolition  Accessory Bldg.  Number of Units Other  Specify:

Brief Description of Proposed Work2:\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item Estimated Costs: (Labor and Materials)

1. Building $

2. Electrical $

3. Plumbing $

4. Mechanical (HVAC) $

5. Mechanical (Fire

Suppression) $

6. **Total Project Cost**: $

**Official Use Only**

Building Permit Fee: $\_

Fee schedule can be found on the Building Department page at [www.holyoke.org](http://www.holyoke.org/)

Date Received

Check No. Check Amount: Cash Amount:

 Paid in Full  Outstanding Balance Due:

|  |
| --- |
| **SECTION 5: CONSTRUCTION SERVICES** |
| **5.1 Construction Supervisor License (CSL)**Name of CSL Holder No. and Street City/Town, State, ZIPTelephone Email address | License Number Expiration DateList CSL Type (see below)  |
| Type | Description |
| U | Unrestricted (Buildings up to 35,000 cu. ft.) |
| R | Restricted 1&2 Family Dwelling |
| M | Masonry |
| RC | Roofing Covering |
| WS | Window and Siding |
| SF | Solid Fuel Burning Appliances |
| I | Insulation |
| D | Demolition |
| **5.2 Registered Home Improvement Contractor (HIC)**HIC Company Name or HIC Registrant NameNo. and StreetCity/Town, State, ZIP Telephone | HIC Registration Number Expiration DateEmail address |
| **SECTION 6: 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 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.Print Owner’s Name (Electronic Signature) Date |
| **SECTION 7b: OWNER1 OR AUTHORIZED AGENT DECLARATION** |
| By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.**MUST BE SIGNED** by Owner or Authorized Agent Date |
| **NOTES:** |
| 1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will  ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at[www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps) |
| 2. When substantial work is planned, provide the information below:Total floor area (sq. ft.) (including garage, finished basement/attics, decks or porch) Gross living area (sq. ft.) Habitable room countNumber of fireplaces Number of bedroomsNumber of bathrooms Number of half/bathsType of heating system Number of decks/ porchesType of cooling system Enclosed \_Open |
| 3. “Total Project Square Footage” may be substituted for “Total Project Cost” |

**CITY OF HOLYOKE**

**BUILDING DEPARTMENT HOMEOWNER LICENSE EXEMPTION**

Please Print:

DATE

JOB LOCATION

Number Street Address

“HOMEOWNER”

Name Home Phone Work Phone

PRESENT MAILING ADDRESS

City/Town State Zip Code

**DEFINITION OF HOMEOWNER: 780 CMR 110.R25**

Peron(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 “homeowner” 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 8th edition

State Building Code and other applicable codes, by laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the City of Holyoke Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

**HOMEOWNER’S SIGNATURE APPROVAL OF BUILDING OFFICIAL**

**NOTE:** Buildings 35,000 cubic feet or larger, will be required to comply with State Building Code Section

107.6,

***The Commonwealth of Massachusetts***

**Wor**

***Department of Industrial Accidents***

***1 Congress Street, Suite 100***

***Boston, MA 02114-2017*** [***www.mass.gov/dia***](http://www.mass.gov/dia)

**kers’ Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**

**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information Please Print Legibly**

Name (Business/Organization/Individual):

Address:

City/State/Zip:

**Are you an employer? Check the appropriate box:**

1. I am a employer with employees (full and/or part-time).\*

Phone #:

**Type of project (required)**:

7. New construction

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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers’ compensation insurance or are sole proprietors with no employees.

5. 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.‡

6. 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.]

8. Remodeling

9. Demolition

10 Building addition

11. Electrical repairs or additions

12. Plumbing repairs or additions

13. Roof repairs

14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #:**