



BUILDING PERMIT APPLICATION TOWN OF NORWOOD

PERMIT # _____

DATE: _____

Applicant for this permit is:

Owner of Record: _____

[If the owner is a corporate body, name of responsible officer shall also be stated]

LEASEE/TENANT: _____

Owners Address _____ Unit/Apt. _____ City/Town: _____ State _____

Location of property if different from above-Street address: _____ Norwood, MA

Builder's Name: _____ **Company Name:** _____

Address _____ City/Town: _____ State _____ Zip _____

CELL PHONE#: _____ BUSINESS # _____ HOME # _____

C.S. License # _____ **H.I.C. Registration #** _____ **W.C. # enter on page two**

Expiration Date: _____ **Expiration Date:** _____

Registered Architect/Professional Engineer _____ **Company Name:** _____

Address: _____ City/Town _____ State _____ Zip _____

Tel. # [] _____ Registration # _____ Expiration Date: _____

Is this building/structure subject to **Construction Control** [a building containing more than 35,000 cu. ft. of enclosed space]?

YES ___ NO ___ Affidavit Provided: YES ___ NO ___ COMMERCIAL CODE SUMMARY provided: YES ___ NO ___

For **Commercial Projects** both a **Zoning and Building CODE SUMMARY IS REQUIRED.**

DISPOSAL OF DEBRIS: All debris resulting from the demolition, rehabilitation, renovation or other alteration of a building or structure shall be disposed of in a properly licensed solid waste disposal facility as required per MGL C111, S54-S150A. No dumping of construction materials is allowed in Norwood! Be advised that any dumping of materials in off-premise sites is a criminal offense.

Name of the facility being used: _____ Location of the facility being used: _____

Will this structure fully comply with *all* applicable Zoning ByLaws? Yes ___ No ___

Was a *certified plot plan* filed? Yes ___ No ___

Is any electrical work to be done during this project? Yes ___ No ___ Wiring permit # _____

Is any plumbing work to be done during this project? Yes ___ No ___

Is any gas work to be done during this project? Yes ___ No ___

Will the sprinkler system/fire protection system be worked on? Yes ___ No ___

If, "YES", has it been approved by the Norwood Fire Dept.? Yes ___ No ___

Zoning Board of Appeal decision involved? Yes ___ No ___ Case # _____

Decision filed in Dedham District Court? Returned to ZBA clerk? Yes ___ No ___

Board of Health approval necessary on this project? Yes ___ No ___

Conservation Commission approval required? Yes ___ No ___

State Building Code: Use Group: _____ Class of Construction: _____

DESCRIBE YOUR PROPOSED CONSTRUCTION:

ESTIMATED COST OF CONSTRUCTION \$ _____ **COPY OF CONTRACT REQUIRED WITH APPLICATION** _____

I HEREBY CERTIFY THAT ALL OF THE DETAIL AND INFORMATION I HAVE SUBMITTED (OR ENTERED) IN THE ABOVE APPLICATION IS TRUE AND ACCURATE AND THAT ALL WORK SHALL BE CONSTRUCTED PER THE REQUIREMENTS OF THE STATE BUILDING CODE AND THE ZONING BY-LAW OF THE TOWN OF NORWOOD – INCLUDING SETBACK REQUIREMENTS.

APPLICANTS SIGNATURE

Note: Homeowners drawing permit or contracting with *unregistered* contractors (no HIC registration) do not have access to the guaranty fund as set forth in MGL c.142A.

[rev. 6-22-10]



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 **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|--|---|

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 #: _____