Instructions for Town of Provincetown Construction Permit Application

There is much information required on this application form and it is important that all relevant information be present and understandable before we issue your permit. **More information is better than less.** This form is being used for small and large projects alike. In all of the sections that are not applicable to your project, please mark "N/A" (not applicable) so we know that all appropriate parts of the application have been completed.

We require carefully delineated information, appropriate in nature to the proposed work. This includes neat and accurate drawings to scale, photographs, manufacturer's literature, etc. Whatever information concisely and accurately describes how your project conforms to all local, state and federal codes is what you need to provide.

The Application Form

1. **Project Type** – Work related to 1 and 2 family homes will be governed by the 7th edition of the state building code starting early in 2008. All other work is governed by the 6th edition until further notice.

   Work on buildings over 35,000 cubic feet other than one or two family homes shall require certified drawings from registered architects or engineers and such work will be required to be conducted under Section 116.0 of the Building Code.

   Check all areas of work that provide as accurate a picture of the project as necessary.

2. **Subject Property** – Assessor's map and parcel number can be found on the assessor's maps in the lobby or on-line at the Town website.

3. **Owner of Record** – self-explanatory

4. **Description of Work** – The boxes at the left apply, in general, to new buildings and additions that might involve zoning questions and remodeling that creates new bedrooms. Fill out this section only if it applies to your project.

   A brief but detailed description of the proposed work is necessary for all projects.

5. **General Building Dimensions** – See Zoning Bylaw for definition of natural grade. Only applicable for new construction and additions.

6. **Construction Type** – Most of our construction in town is 5B, wood frame unprotected. There are other types, however, so consult the building code, your design professional or ask one of the building inspectors.

7. **Use Group** - If you are filling this out that means that you most likely working with a registered design professional. They can provide this information.

8. **Structural Peer Review** – May be applicable on projects where a registered structural engineer is required.

9. **Contractor Contact Information** – self-explanatory

10. **Estimate Construction Cost** – In the absence of contractor's figures, this department will apply reasonable cost figures based on current data.

11. **Authorized Agent** - If you would like your contractor or other qualified party to act in your stead, execute this section.

12. **Declaration** – Please make sure that this is appropriately signed.

Additional Declarations

Homeowner License Exemption – Homeowners are allowed to apply for building permits and perform work on their own homes without Construction Supervisor Licenses or Home Improvement Contractor licenses. In doing so, recognize that you will be assuming certain liabilities if you hire independent contractors to help you.

Condominium Owner Acknowledgement – Owners of condominiums are subject to rules and bylaws for which the Town of Provincetown has no jurisdiction. If this acknowledgement is applicable to you, this section must be filled out. It is your responsibility to ensure that the work that you are doing conforms to the rules and bylaws of your condominium.

Debris Disposal Affidavit – The building code requires the we ensure that construction debris goes to an approved disposal site and not dumped illegally.

Health Agent Approval – It is crucial that all proposed work is compliant with our local and State health code.

Proof of Worker's Compensation Insurance

The attached form must be completed. Having proper worker's compensation insurance is required under Section 111.6 of the Building Code besides being the right thing to do. If you are a sole practitioner with no employees (this includes homeowners performing work themselves) having worker's comp insurance is not a requirement, but it is still necessary to indicate this on this form in the appropriate place.

For all contractors required to have worker's compensation insurance, please attach a current certificate of insurance with this application.

Remember!! – For your own financial protection (and for that yearly insurance audit) make sure you get insurance certificates from all of your subcontractors.

Licenses

As required by the Building Code, attach a photocopy of your current valid Construction Supervisor's License (CSL) or Home Improvement Contractor (HIC) license.

If you are at all confused (and we agree it is confusing) as to which license is applicable ask someone in our department.

Construction Permit Application

Town of Provincetown
Department of Community Development

Town Hall, 260 Commercial Street
Provincetown, MA 02657
Telephone (508) 487-7020 Facsimile (508) 487-0032

This Section For Administrative Use Only	
Approved - Building Commissioner/ Inspector of Buildings	Date

Req'd attachments	Comp	Waste	Condo	HomeLic	CSL	HIC	Health	ConCntrl

1. Project Type (check all that apply)		Building Code Edition Used: 6th Edition _____ 7th Edition _____
____ Construct, Repair, Renovate or Demolish – **1 or 2 Family Dwelling** or **Buildings under 35,000 cubic feet**		____ Construct ,Repair, Renovate, *Change Use or Occupancy* or Demolish Buildings **over 35,000 cubic feet** or **other** than 1 or 2 Family Dwelling
____ New Building	____ Siding	____ Sign
____ Addition	____ Wood Stove or Masonry Fireplace	____ Accessory structure
____ Renovation	____ Windows and Doors	____ Pool
____ Repair	____ Fencing over 6' high	____ Other (describe)
____ Demolition	____ Deck	
____ Roofing	____ Retaining wall over 4' above grade	
Please provide an accurate description of scope of work, materials and assemblies and construction methods to be used in Section 5, below		

2. Subject Property Address	Assessors Map and Parcel # Map Parcel

3. Owner of Record	Name and address	
Signature		

4. Description of Work	Brief and Accurate Description of Proposed Work
Zoning District -	
Use existing_____ proposed_____	
Lot Area	
Frontage	
Front Yard Setback req'd_____ proposed_____	
Side Yard Setback req'd_____ proposed_____	
Rear Yard Setback req'd_____ proposed_____	
Sewage Disposal sewer_____ septic_____	
Flood Zone(s)	

5. General Building Dimensions	Existing (if applicable)	Proposed
Number of Basement Levels		
Number of Stories		
Floor Area per Floor		
Total Building Area		
Total Height above Natural Grade		

6. Construction Type		
1 - 780 CMR 603.0	A	_____
	B	_____
2 - 780 CMR 603.0	A	_____
	B	_____
	C	_____
3 - 780 CMR 604.0	A	_____
	B	_____
4 - 780 CMR 605.0	_____	
5 - 780 CMR 606.0	A	_____
	B	_____

7. Use Group (other than 1 and 2 Family Dwellings)						
A	Assembly	A1____	A2____	A3____	A4____	A5____
B	Business					
E	Educational					
F	Factory	F1____	F2____			
I	Institutional	I1_____	I2____	I3_____		
M	Mercantile					
R	Residential	R1____	R2___	R3____		
S	Storage	S1	S2			
U	Utility	(specify)				
	Mixed Use	(specify)				
	Special Use	(specify)				

8. Structural Peer Review	Independent Structural Engineering Structural Peer Review Required? Yes ___ No ___

9. Contractor Contact Information		office	
company		fax	
contact		mobile	
address		pager	
		email	

10. Estimate Construction Costs	
Item	Cost
Building	
Plumbing	
HVAC	
Fire Protection	
Electrical	
Total	

11. Authorized Agent	As owner of record of Subject Property I/we authorize
to act on my/our behalf in all matter relative to work authorized by this building permit application.	
Signature of Owner:	date
Agent:	As agent, I hereby declare that this statement and information is true and accurate to the best of my knowledge and belief
Agent Signature	

Permit multiplier	Building Permit Fee
For Official Use Only	

12. Owner/Authorized Agent Declaration	
As Owner/Authorized Agent I/we 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.	
Signature	date
Print name	

FILL THIS OUT IF YOU ARE AN OWNER OF A ONE OR TWO FAMILY HOME WHO IS APPLYING FOR HIS/HER OWN BUILDING PERMIT

Town of Provincetown
Department of Community Development

Town Hall, 260 Commercial Street
Provincetown, MA 02657
Telephone (508) 487-7020 Facsimile (508) 487-0032

Homeowner License Exemption

Date: _____

Location: _____
(Address)

Homeowner: _____
(Print Name)

Mailing Address: _____

_____

The current exemption for "homeowners" was extended to include owner-occupied dwellings of two units or less and to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code Sec. 109.1.1)

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 to two family dwelling, attached or detached structures accessory to such use and/or farm structures.

The undersigned homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, bylaws, rules and regulations. The undersigned homeowner certifies that he/she understands the Town of Provincetown Building Dept. minimum inspection procedures/requirements and that he/she will comply with them.

SIGNATURE: _____ *Official Approval*: _____

FILL THIS OUT IF YOU ARE A CONDOMINIUM OWNER

Condominium Owner Acknowledgement

As Owner of the Condominium_____Unit#_____

Located at: _____Provincetown, MA.

I, _____ acknowledge that issuance of
(Print Name)
this building permit does not diminish, in any way, the responsibility of this Unit Owner to comply with any and all restrictions or requirements of the above-mentioned Condominium set forth in any of the condominium documents including but not limited to the Master Deed, Declaration of Trust and the Rules and Regulations (the Documents). As unit owner, I/we accept full responsibility and liability for all construction work under this permit not in keeping with the Documents.

SIGNATURE: _____DATE:_____

TO BE FILLED OUT BY ALL APPLICANTS GENERATING CONSTRUCTION DEBRIS

Debris Disposal Affidavit

As a result of the provision of M.G.L., s/s 54, I acknowledge as a condition of building permit #_____, all debris resulting from construction activity governed by this building permit shall be disposed of in a properly licensed solid waste disposal facility as defined by M.G.L. c111, s/s 150A.

I certify that the following licensed solid waste disposal site will be utilized:

Disposal Site:_____
Address:_____
City/Town:_____

I further certify that I will notify the Building Official of any change in the location of the solid waste disposal facility where the debris resulting from said construction activity is disposed of, and I shall submit the appropriate form for attachment to the building permit prior to completion of the work authorized under said permit.

Date:_____ Signature of Applicant:_____
Name of Permit Applicant:_____
Firm Name, if any:_____
Address:_____

SUBMIT WITH ANY BUILDING PERMIT FOR: NEW CONSTRUCTION, SUBSTANTIAL REMODELING, CONVERSION TO CONDOMINIUM UNITS AND DEMOLITION OF BUILDINGS AND STRUCTURES.

Health Agent Approval

applicant
applicant address
subject property

Type of sewage disposal	septic___	sewer___
If septic system, year installed		
Exist flow for structure	gpd	
Proposed flow for structure	gpd	
Project requires installation or relocation of water line?	Yes___	No___
If "Yes" have plans for proposed work been submitted to Water Dep't. for review?	Yes___	No___
Approval granted by Water Dep't. If yes, please attach copy of approval	Yes___	No___

Should this project require an upgrade to or installation of a septic system, an application packet must be provided to the Health Agent prior to issuance of the building permit. You may be required to meet with the Health Agent onsite to verify the existing gallons per day (gpd) flow.

Reviewed by Health Agent

Date: _____**By:** _____
Health Agent

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Mass. 02111

Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors

Applicant information: **Please PRINT legibly**

name: _____

address: _____

city _____ state: _____ zip: _____ phone # _____

work site location (full address): _____

☐ I am a homeowner performing all work myself. Project Type: ☐ New Construction ☐ Remodel

☐ I am a sole proprietor and have no one working in any capacity. ☐ Building Addition

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

☐ I am a sole proprietor, **general contractor**, or **homeowner** (***circle one)*** and have hired the contractors listed below who have the following workers' compensation polices***:***

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

company name: _____

address: _____

city: _____ **phone #:** _____

insurance co. _____ **policy #** _____

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of $100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature _____ Date _____

Print name _____ Phone # _____

official use only **do not write in this area to be completed by city or town official**

city or town: _____ **permit/license #** _____ ☐ **Building Department**

☐ **check if immediate response is required** ☐ **Licensing Board**

☐ **Selectmen's Office**

☐ **Health Department**

contact person: _____ **phone #;** _____ ☐ **Other** _____

(revised Sept. 2003)

Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", an ***employee*** is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An ***employer*** is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that **every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required**. Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the "law" or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for you cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street,7th Floor
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406