



TOWN OF ACTON

BUILDING PERMIT APPLICATION

Permit No. _____

Date Issued _____

By _____

Fee _____

INSPECTION RECORD:

Work Approved: _____

Date: _____

I. LOCATION OF WORK: All applicants complete
(location) _____

No. _____ Street _____

II. IDENTIFICATION: All applicants complete

Owner: Name _____ Phone No. _____

Address _____

Lessee: Name _____ Phone No. _____

Address _____

Contractor: Name _____ Phone No. _____

Address _____

HIC Registration #: _____ CSL # _____

Workers compensation insurance affidavit MGL 152 s.25A required

III. SOLID FUEL APPLIANCE: For solid fuel stoves-complete this section and skip to Section VII.

NOTE: All solid fuel appliances are required to have an approved label permanently attached by the manufacturer.

A. Appliance Manufacturer _____ Model _____ New UsedB. Type of Appliance: Stove Furnace Fireplace Other (Specify) _____C. Type of Fuel: Wood Coal Other (Specify) _____D. Multi-Fuel Appliance: Wood / Coal Wood / Gas Wood / Oil Other (Specify) N/AE. Chimney Type: Masonry Metal Insulated Other (Specify) _____ New Existing

F. Chimney Manufacturer: _____ Size _____ Hearth Material _____

G. Are there any other appliances in the same flue? Yes No If yes, specify _____

IV. ROOFING: For roofing complete this section and skip to Section VII.

NOTE: Roofing is not permitted over more than one (1) existing course. If two (2) or more layers of roofing are already installed, roof must be stripped prior to re-roofing.

Proposed Roofing Material: Asphalt Tar & Gravel Metal Slate Other (Specify) _____Existing Roofing Material: Asphalt Tar & Gravel Metal Slate Other (Specify) _____Proposed Work: Strip and re-roof Re-roof over single existing course Other (Specify) _____Number of Existing Courses of Roofing: One Two More than two (Specify) _____

Disposal Co. _____

V. TENTS, AIR INFLATED STRUCTURES: For tents complete this section and skip to Section VII.

Size _____ x _____ Duration of Use (Dates) _____

Proposed Use _____

*Material Flame Retardant Flame Retardant Treatment Other (Specify) _____

*Submit certification papers from manufacturer or testing agents.

VI. WINDOWS: For windows complete this section and skip to Section VII.

Is property in Historic District? yes no

What is the U-Value of Glazing (U-Value of .44 or lower required)? _____

Any Glazing within tub or shower area? yes noAny Glazing within 24" ARC or door in closed position? yes noAny other hazardous locations; 18" within floor, stairways, etc. SEC3603.20.4.2 yes no

VII. ALL APPLICANTS COMPLETE: READ BEFORE SIGNING

The undersigned hereby certifies that he / she has read and examined this application and that the proposed work which is subject to provisions of the Massachusetts State Building Code and other applicable laws and ordinances is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the foregoing statements and in compliance with the provisions of law and ordinances in effect on the date of this application.

Name _____ Signature _____

Please Print

If applicant is other than owner, complete the following:

I hereby certify that the proposed work is authorized by the owner of the record and I have been authorized by the owner to make this application as his authorized agent.

Signature of Agent_____
Signature of Owner

OFFICE USE ONLY

Approved and issued by _____ Date _____



Town of Acton

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Workers' Compensation Insurance Affidavit

Applicant Information:

Please Print Legibly

Name: _____

Location: _____

City: _____ Phone #: _____

I am a homeowner performing all work myself.

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

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 policies:

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 25 A 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
permit/license # _____

Check if immediate response is required

Building Department
Licensing Board
Selectmen's Office
Health Department
Other _____

Contact person: _____ Phone #: _____