

Town of Essex  
 30 Martin Street, Essex, MA 01929 (978) 768-2514  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition  
 Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Building Commissioner/ Inspector of Buildings Date

**SECTION 1: SITE INFORMATION**

|  |  |
|--|--|
| <b>1.1 Property Address:</b><br>_____<br>1.1a Is this an accepted street? yes _____ no _____ | <b>1.2 Assessors Map &amp; Parcel Numbers</b><br>_____<br>Map Number _____ Parcel Number _____ |
|--|--|

|  |   |
|--|---|
| <b>1.3 Zoning Information:</b><br>Zoning District _____ Proposed Use _____ | <b>1.4 Property Dimensions:</b><br>Lot Area (sq ft) _____ Frontage (ft) _____ |
|--|---|

**1.5 Building Setbacks (ft)**

| Front Yard |          | Side Yards |          | Rear Yard |          |
|------------|----------|------------|----------|-----------|----------|
| Required   | Provided | Required   | Provided | Required  | Provided |
|            |          |            |          |           |          |

|   |  |   |
|---|--|---|
| <b>1.6 Water Supply:</b> (M.G.L c. 40, §54)<br>Public <input type="checkbox"/> Private <input type="checkbox"/> | <b>1.7 Flood Zone Information:</b><br>Zone: _____ Outside Flood Zone?<br>Check if yes <input type="checkbox"/> | <b>1.8 Sewage Disposal System:</b><br>Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/> |
|---|--|---|

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_  
 Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

|   |  |   |   |  |                                   |
|---|--|---|---|--|-----------------------------------|
| New Construction <input type="checkbox"/> | Existing Building <input type="checkbox"/> | Owner-Occupied <input type="checkbox"/> | Repairs(s) <input type="checkbox"/>           | Alteration(s) <input type="checkbox"/> | Addition <input type="checkbox"/> |
| Demolition <input type="checkbox"/>       | Accessory Bldg. <input type="checkbox"/>   | Number of Units _____                   | Other <input type="checkbox"/> Specify: _____ |  |                                   |

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

| Item                             | Estimated Costs:<br>(Labor and Materials) | Official Use Only   |
|----------------------------------|---|---|
| 1. Building                      | \$  | 1. Building Permit Fee: \$ _____ Indicate how fee is determined:<br><input type="checkbox"/> Standard City/Town Application Fee<br><input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____<br>2. Other Fees: \$ _____<br>List: _____<br>_____<br>Total All Fees: \$ _____<br>Check No. _____ Check Amount: _____ Cash Amount: _____<br><input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____ |
| 2. Electrical                    | \$  |   |
| 3. Plumbing                      | \$  |   |
| 4. Mechanical (HVAC)             | \$  |   |
| 5. Mechanical (Fire Suppression) | \$  |   |
| <b>6. Total Project Cost:</b>    | <b>\$</b>                                 |   |





TOWN OF ESSEX

# INSPECTOR OF BUILDINGS

TOWN HALL, MARTIN STREET, ESSEX, MASSACHUSETTS 01929



## Building Permit Application Routing & Approval Form

Revised September, 2001

Name of Applicant: \_\_\_\_\_ Name of Agent/Builder: \_\_\_\_\_ Lic# \_\_\_\_\_

Property Address (per 911): \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Card: \_\_\_\_\_

- 1. Original Application Received for Processing by Building Inspector on \_\_\_\_\_ Initials \_\_\_\_\_
- 2. Reviewed by Board of Health on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 3. Reviewed by Water/Wastewater on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 4. Curb Cut Reviewed by DPW on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 5. Special Pmt. Reviewed by Planning Board on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 6. Reviewed by Conservation Commission on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 7. 911 Reviewed by Fire Department on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 8. Approved/Signed by Building Inspector on \_\_\_\_\_ Initials \_\_\_\_\_

### 9. Conditions

Specific notes or conditions imposed by any Department during the approval process shall be listed below:

Bldg. Inspec. Initials here  
if complied:

Check here if a Board of Health sign-off is required prior to issuance of an occupancy permit..... \_\_\_\_\_

Check here if a Cons. Comm. sign-off is required prior to issuance of an occupancy permit..... \_\_\_\_\_

Others (use one line each):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 10. Occupancy Permit – Sign-offs will be obtained on job field card.

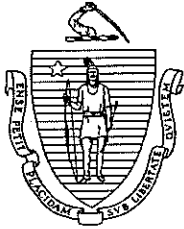
- 11. Signed by Board of Health on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 12. Signed by Water/Wastewater on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 13. Signed by Fire Department (fire alarms) on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 14. Signed by Conservation Commission on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_
- 13. Signed by Building Inspector on \_\_\_\_\_ N/A \_\_\_ Approved \_\_\_ Initials \_\_\_\_\_

*No application will be deemed complete and ready for processing without payment of the proper fee.*

*No building permit or occupancy permit will be issued by the Building Inspector unless this form has been properly executed by each of the contributing departments as applicable.*

*All applicants are encouraged to contact DIGSAFE at (888) 344-7233 if any digging or excavation is required.*

*Carrying this form and its associated documents to Town departments is the responsibility of the applicant.*



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 #: \_\_\_\_\_