



# Residential & Commercial Building Permit Application Town of Needham Massachusetts

500 Dedham Avenue  
Needham MA, 02492  
781 455-7550

Please print **legible** and provide all **applicable information** or application cannot be processed.

Building Permit Number: B \_\_\_\_\_

Date Applied: \_\_\_\_\_

### SECTION 1: LOCATION

Number and Street \_\_\_\_\_ Apt./Suite # \_\_\_\_\_ Floor Location \_\_\_\_\_ Assessors Map # \_\_\_\_\_

Cross Streets \_\_\_\_\_ and \_\_\_\_\_ Name of Building \_\_\_\_\_

### SECTION 2: PROPOSED WORK

Edition of MA State **Building** Code Used \_\_\_\_\_ Residential  Commercial

New Construction  Addition  Alteration  Repair  Demolition

Change of Use  Change of Occupancy  Other  Specify: \_\_\_\_\_

Brief Description of Proposed

Work:

Existing Use Group(s): \_\_\_\_\_

Proposed Use Group(s): \_\_\_\_\_

### SECTION 3: BUILDING HEIGHT AND AREA (FAR)

Lot Coverage \_\_\_\_\_ S.F.

Existing (if applicable)  
S.F. %

Proposed  
S.F. %

Residential Only - Total FAR (sq. ft.) on the 1st and 2nd floors (SRB District Only)  
Lots containing < 12,000 s.f. = .38% FAR / Lots containing >=12,000 s.f. = .36% FAR

Commercial & Residential - Total Height (ft.) from the mean average grade

\_\_\_\_\_ Feet

### SECTION 4: USE GROUP (Check as applicable)

A: Assembly A-1  A-2  Nightclub  A-3  A-4  A-5  B: Business  E: Educational

F: Factory F-1  F2  H: High Hazard H-1  H-2  H-3  H-4  H-5

I: Institutional I-1  I-2  I-3  I-4  M: Mercantile  R: Residential R-1  R-2  R-3  R-4

S: Storage S-1  S-2

U: Utility

R3-Use: 1 Family  or 2 Family  Town House  # of Units \_\_\_\_\_  
R-1, R-2, R-4 Use:  # of Units \_\_\_\_\_

### SECTION 5: CONSTRUCTION TYPE (Check as applicable)

IA  IB  IIA  IIB  IIIA  IIIB  IV  VA  VB

### SECTION 6: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply:  
Public  Private

Flood Zone Information:  
Check if outside Flood Zone   
or identify Zone: \_\_\_\_\_

Sewage Disposal:  
Indicate municipal   
or on site system



# Town of Needham Homeowner Warning Notice

IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

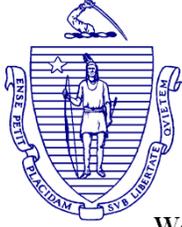
- Homeowner is defined *“as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or farm structures.”* If you do not meet this definition a building permit cannot be issued to you as a homeowner.
- You will be personally responsible for all work on this project. Any dispute between you and your contractors are civil matters.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
- You must supervise all work.
- You have waived all rights to the Massachusetts Guaranty Fund. See MGL c. 142A § 1 and 201 CMR 18.
- If the homeowner subcontracts the work, the responsible party from the subcontractor shall be present for inspections.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Workmen’s Compensation Insurance.
- Failure to carry Workmen’s Compensation insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c.152 § 25)
- A Building Permit is a document admissible in a court of law.
- For all projects that require excavation the homeowner shall contact Dig Safe by calling 811 at a minimum of three weeks prior to the start of the project.

**This warning has been assembled because we have found that a majority of those citizens who sign the Homeowner’s Exemption Form are not aware of the responsibilities that go along with assuming the construction responsibilities. Your signature below verifies you have read this warning and understand its requirements.**

Home Owners Signature \_\_\_\_\_ Date \_\_\_\_\_

(mm/dd/yyyy)

Print Name \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' 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: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

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

**Type of project (required):**

- 7.  New construction
- 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 #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, 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, §25C(6) 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, MGL chapter 152, §25C(7) states "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."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit 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. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

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. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)