

**EXPRESS PERMIT**  
 (NO INSPECTION REQUIRED)  
 Commonwealth of Massachusetts  
 Building Department  
 Tel#: 508-888-4200 Fax#: 508-833-0018



Permit #: \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
 (Check payable to the Town of Sandwich)  
 Date Issued: \_\_\_\_\_  
 Permit expires 6 months from date of issuance.

LOCATION OF WORK: \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL \_\_\_\_\_

OWNER: \_\_\_\_\_  
 NAME PRESENT MAILING ADDRESS TEL#



*\*Must receive approval with all appropriate commissions/committees prior to filing Building Permits\**  
 \*Historic District Approvals - Yes ( ) No ( ) \*Conservation Approval - Yes ( ) No ( )  
 (If yes - provide appropriate approvals, i.e. approved plans and/or permits)

Est. Cost of Construction: \_\_\_\_\_ (if over \$1000 verify contract) \_\_\_\_\_ (staff initials)

**TO BE COMPLETED ONLY IF CONTRACTOR IS APPLYING FOR PERMIT**

CONTRACTOR: \_\_\_\_\_  
 NAME MAILING ADDRESS TEL#

CONTACT PERSON: \_\_\_\_\_  
 NAME MAILING ADDRESS TEL#

Construction Supervisor License # \_\_\_\_\_ Home Improvement Contractor License # \_\_\_\_\_

(COPIES OF CS & HIC LICENSES MUST BE SUBMITTED)  
 Check One: ( ) I am Sole Proprietor ( ) I have Worker's Compensation Insurance  
 (COPY OF WORKERS COMP. CERTIFICATE MUST BE SUBMITTED)

**WORK TO BE PERFORMED**

**NOTE: WINDOWS & DOORS ARE REPLACEMENT IN SAME OPENING - NO STRUCTURAL WORK UNDER THIS PERMIT**

**Spec Sheet required with all window/door replacements**

- ( ) Re-Roof: # of Squares \_\_\_\_\_ ( ) Stripping old shingles ( ) Going over \_\_\_\_\_ layers of existing roof
- ( ) Replacement Windows: # \_\_\_\_\_ U-Value: \_\_\_\_\_ ( ) Replacement Doors: # \_\_\_\_\_ U-Value: \_\_\_\_\_ (if applicable)
- ( ) Siding: # of squares \_\_\_\_\_ ( ) Weatherization Insulation - \$75.00 ( ) Demolition Only (due to water damage)
- ( ) Tent(s) - Dates: \_\_\_\_\_ ( ) On-site Dumpster  
 (Erect/Remove)

Debris, if applicable, will be disposed at: Location \_\_\_\_\_ or on- site dumpster \_\_\_\_\_

**\*\*\*\*PLEASE LIST MATERIAL AND COLOR\*\*\*\***

Materials Information needed for proposed work ONLY {  
 CURRENT DOORS/WINDOWS \_\_\_\_\_ PROPOSED: \_\_\_\_\_  
 CURRENT ROOF \_\_\_\_\_ PROPOSED: \_\_\_\_\_  
 CURRENT SIDING \_\_\_\_\_ PROPOSED: \_\_\_\_\_

*I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I, the owner, understand that any false statement(s) will constitute just cause for denial of a permit under M.G.L. Ch. 268, Section 1. I, the contractor, understand that any false statement(s) will constitute just cause for denial of a permit and/or revocation of my license and/or prosecution under M.G.L. Ch. 268, Section 1.*

Contractor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Must have owner's signature OR copy of signed contract)

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Issuance of this permit does not exempt compliance with other town department regulations**



**CONSTRUCTION SUPERVISOR ACKNOWLEDGEMENT**

Project Location: \_\_\_\_\_

Construction Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Permits are issued in the Town of Sandwich under the following conditions:

Excerpts from 708 CMR, the Massachusetts State Building Code; 110R5, Construction Supervisors follow:

780 CMR 110R5.2.12, On-site Presence of Supervisor: A licensed individual or a licensed designee shall be present on the site at some point to approve construction, reconstruction, alterations, removal or demolition involving the following work:

1. Excavation
2. Foundation (pouring or other)
3. Decking
4. Rough Framing
5. Finished Framing
6. Chimneys
  - a. Excavation/foundation
  - b. At the top of the smoke chamber and support of the flue liner
  - c. When erection of the chimney is completed.

780 CMR 110R5.2.15, Responsibility of Each License Holder:

110R5.15.1, Responsibility of Work: The license holder shall be fully and completely responsible for all work for which he/she is supervising. He/she shall be responsible for seeing that all work is done pursuant to 780 CMR and the drawings as approved by the Building Official.

110R5.2.15.2, Responsibility to Supervise Work: The license holder shall be responsible to supervise the construction, reconstruction, alteration, repair, removal or demolition for the category license held involving any activity regulated by any provision of 780 CMR only pursuant to 780 CMR51 through 99 and all other applicable Laws of the Commonwealth even though he/she, the license holder, is not the permit holder but only a subcontractor or contractor to the permit holder.

110R5.2.15.3, Notification of Violations: The license holder shall immediately notify the building official in writing of the discovery of any violations which are covered by the building permit.

110R5.2.15.4, Willful Violation: Any licensee who shall willfully violate 780 CMR 110R5.2.15.1, 110R5.2.15.2, or 110R5.2.15.3 or any other Sections of 780 CMR 110R5 and any procedures, as amended, shall be subject to revocation or suspension of license by the Committee.

I have read and understand my responsibilities under the rules and regulation for licensing construction supervisors in accordance with 780 CMR 5108.3.5 and 780 CMR 110R5. I understand the construction inspection procedures and the specific inspection called for by the building official. I have read and understand the Tow of Sandwich by-laws and zoning by-laws pertaining to this project and the project site. I will maintain a current copy of 780 CMR and have that with me at all times when working on a project for which I am the licensee. I will abide by all federal, state, local laws pertaining to the construction of this project.

\_\_\_\_\_  
Signed under pains/penalties of perjury

\_\_\_\_\_  
Date



HOMEOWNER LICENSE EXEMPTION FORM

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Project location: \_\_\_\_\_

**Do you own or have access to a copy of the Massachusetts State Building Code (780 CMR as amended) 8<sup>th</sup> Edition.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a clear understanding of the requirements of the Building Code as it pertains to your project?**

Yes \_\_\_\_\_ No \_\_\_\_\_

780 CMR, the Massachusetts State Building Code provides for homeowners who do not have a construction supervisor license to obtain building permits and under specified conditions as follows:

*Any home owner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 110.R5; provided that if a home owner engages a person(s) for hire to do such work, that such home owner shall act as a supervisor. This exception shall not apply to the field erection of manufactured buildings. For the purposes of 780 CMR 110.R5, a "Homeowner" is defined as follows: 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 or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner.*

Work accomplished under any permit, including permits obtained by homeowners, must comply with all of the terms and conditions of 780 CMR. This means that homeowners, or a licensed designee, shall have an on-site presence per Special Regulations §110.R5.2.12

The undersigned homeowner assumes responsibility for compliance with 780 CMR and other applicable codes, ordinances, by-laws, rules and regulations.

Further, the undersigned homeowner certifies that he or she understands the Town of Sandwich Building Department inspection procedures and that he or she will comply with said procedures.

**NOTE: Homeowners contracting with unregistered contractors will not have access to the guaranty fund created pursuant to the statute. The undersigned homeowner declare that he or she meets the definition of a "Homeowner", above, and will abide by the above referenced codes and conditions.**

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Homeowner(s) Signature

\_\_\_\_\_  
Date



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

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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 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.</p> <p>5. <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>6. <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>	<p><b>Type of project (required):</b></p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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\*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 #: \_\_\_\_\_