

DEVENS ENTERPRISE COMMISSION

PERMIT NO. _____

TOWN OF DEVENS

DEC No. _____

APPLICATION DATE: _____

FEE _____

BUILDING PERMIT APPLICATION

Note: The Devens Building Commissioner is available Wednesday from 10 AM to 12 PM.
To avoid delays in processing your application, submit all required information together. Incomplete application packages cannot be processed. Fill out application form completely and legibly.

ESTIMATED COST OF CONSTRUCTION _____

OWNER _____

BUILDER _____

ADDRESS _____

ADDRESS _____

TOWN/STATE _____

TOWN/STATE _____

PHONE _____

PHONE _____

FAX _____

FAX _____

OWNER SIGNATURE _____

CONST. SUPER. LIC. NO. _____

HIC REGISTRATION _____

NOTE: A photocopy of your "CONSTRUCTION SUPERVISORS LICENSE" along with 'PHOTO IDENTIFICATION' are required at the time you file this application.

JOBSITE / LOCATION / STREET _____

LOT SIZE / TOTAL PARCEL _____

SCOPE OF WORK (pick the one which best fits your project)

___ New Construction

___ Renovations / Additions / Repairs

___ Sign

___ Tent

___ MISC

___ Is this building located in the Historic District? Yes ___ No ___

Explain work to be performed: _____

BUILDING PERMIT APPLICATION (continued)

NEW HOUSE

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TRASH DISPOSAL AFFIDAVIT

As a result of the provisions of MGL "C40, S54", I acknowledge that as a condition of the BUILDING PERMIT, all debris resulting from the construction activity governed by the BUILDING PERMIT shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL "C 111, S 150a". Disposal at a licensed Construction & Demolition Debris Recycling Facility is the preferred method of disposal.

I certify that I will notify the Inspector of Buildings by _____ (max. of 2 months) of the location of the solid waste disposal facility where the debris resulting from said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

DATE

SIGNATURE OF PERMIT APPLICANT

PRINT THE FOLLOWING INFORMATION

NAME OF PERMIT APPLICANT

NAME OF WASTE REMOVAL COMPANY

FIRM NAME (IF ANY)

ADDRESS

ADDRESS

TOWN, STATE, ZIP CODE

TOWN, STATE, ZIP CODE

PHONE NUMBER AND AREA CODE

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SOIL MANAGEMENT

Is soil being disturbed as part of this project?

_____ YES _____ NO

If YES - As Devens is a former active military installation, it is possible that unexploded ordinance (UXO) or Munitions of Explosive Concern (MEC) and environmental contaminants may exist and/or be encountered at Devens. Prior to commencing any intrusive earth work within Devens, all personnel to be on-site shall comply with the requirements of MassDevelopment's Devens Soil Management Policy, as amended. As per the Devens Soil Management Policy, MassDevelopment is required to provide UXO/MEC training. Applicants shall contact the Devens Public Safety Officer to coordinate this training.

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

Please attach valid copy of Worker's Compensation Insurance Certificate.

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DO NOT WRITE IN THIS SPACE, FOR OFFICE USE ONLY

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IDENTIFICATION OF APPLICANT

NAME _____

MAILING ADDRESS _____

TOWN, STATE, ZIP CODE _____

PHONE NUMBER AND AREA CODE _____

I hereby certify that the proposed work is authorized by the owner of recorded, and that I have been authorized by the owner to make this application as his / hers authorized agent. We agree to conform to all applicable Devens By-Laws, State Building Codes, and other restrictions / requirements from authorized agencies. I also certify that the information on this application is correct.

SIGNATURE OF APPLICANT

DATE