

**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 (not required for new construction)**

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".

I certify that I will notify the Inspector of Buildings by \_\_\_\_\_ (max. of 2 months) of the location of the solid waster 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

# WORKERS' COMPENSATION INSURANCE AFFIDAVIT

NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

TOWN \_\_\_\_\_ PHONE NO. \_\_\_\_\_

\_\_\_\_\_ I am the property owner and will be performing all work myself.

\_\_\_\_\_ I am a sole proprietor and have no one working for me in any capacity.

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\_\_\_\_\_ I am an employer providing workers' compensation for my employees working on this job.

COMPANY NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TOWN, STATE, ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

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\_\_\_\_\_ I am a sole proprietor, general contractor, or property owner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

COMPANY NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TOWN, STATE, ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

=====

COMPANY NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

TOWN, STATE, ZIP \_\_\_\_\_ PHONE NO. \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ POLICY NO. \_\_\_\_\_

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Failure to secure coverage as required under Section 25A 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 investigation of the DIA for coverage verification.

I do hereby certify under pains and penalties of perjury that the information provided above is true and correct.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**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