

**DEVENS ENTERPRISE COMMISSION**

PERMIT NO. \_\_\_\_\_

**TOWN OF DEVENS**

DEC No. \_\_\_\_\_

**DEMO**

APPLICATION DATE: \_\_\_\_\_

FEE \_\_\_\_\_  
(\$50 per structure)

**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.

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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 \_\_\_\_\_

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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**

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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