



IDENTIFICATION—To be completed by all applicants		PLEASE PRINT IN LARGE LETTERS	
Name		Mailing address—Number, Street, City, State and Zip	
		Tel Number	
1. Owner			
2. Const. Supervisor	Lic. #		
3. Architect or Engineer	Lic. #		
4. Land Surveyor	Lic. #		
5. General Contractor	Lic. #		
6. Lessee:			
Signature of Owner		Address	Application Date
Signature of License Holder		Address	Application Date

**O SWIMMING POOLS**

Preliminary approval required by Board of Health as to Location on lot, Drainage, Safety factors, Plumbing Code and existing Sewage disposal system. All pertinent data to be incorporated on plot plan.

Board of Health preliminary approval by \_\_\_\_\_ Date \_\_\_\_\_

Electrical Contractor \_\_\_\_\_ Wiring Permit No. \_\_\_\_\_

Type of Pool \_\_\_\_\_ Material \_\_\_\_\_

Capacity \_\_\_\_\_ gallons Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_

Approved by Registered Architect or Engineer? \_\_\_\_\_

Is the builder a member of the national Swimming Pool Institute? \_\_\_\_\_

Will pool be heated? \_\_\_\_\_ Electrically \_\_\_\_\_ Oil \_\_\_\_\_ Natural Gas \_\_\_\_\_ LP. Gas \_\_\_\_\_

Fence \_\_\_\_\_ Material \_\_\_\_\_ Height \_\_\_\_\_ Approved Locking Device \_\_\_\_\_

**P STOVES**

Stove Manufacturer \_\_\_\_\_

Stove name \_\_\_\_\_ Model No. \_\_\_\_\_

Approved by \_\_\_\_\_

How vented \_\_\_\_\_ Where installed \_\_\_\_\_

**Q WRECKING-RELOCATING**

Before this application will be approved by the Building Inspector a certificate must be obtained from the Needham Board of Health Certifying that a program of rodent eradication has been successfully completed at the above referred to premises.

In addition to the foregoing statements this construction shall be performed under the Building and Zoning By-Laws of the Town of Needham and the applicable laws of the Commonwealth of Massachusetts. It shall not be lawful to start construction before the foundation permit is issued by the Building Inspector. Superstructure shall not be started until the Building Permit Card has been issued and properly posted on the premises as required by law.

NOTE: Building plans including floor framing and elevations must be submitted in duplicate (reverse plans or improper plans will not be accepted). Plot plans are required whenever the work consists of an addition.

**OFFICE USE ONLY**

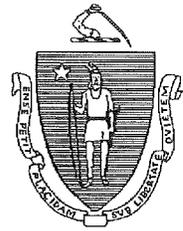
REQUIRED	FURNISHED
\$2000	BOND
ST.	OCC. PERMIT
SURVEY	RECORD

Note: No dumping or demolition materials allowed at Needham Disposal area.



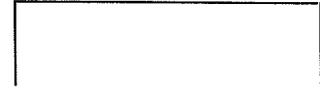
# TOWN OF NEEDHAM

500 Dedham Ave.  
Needham, Massachusetts 02492



Tel. 781-455-7550

## AFFIDAVIT



### HOME IMPROVEMENT CONTRACTOR LAW SUPPLEMENT TO PERMIT APPLICATION

*M.G.L. c. 142A* requires that the "reconstruction, alteration, renovation, repair, modernization, conversion improvement, demolition, or construction of an addition to any pre-existing owner occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Date of Application \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work \_\_\_\_\_

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

Home Improvement Contractor \_\_\_\_\_

H.I.C. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

H.I.C. Telephone # \_\_\_\_\_

### I hereby certify that :

\_\_\_\_\_ Work excluded by law \_\_\_\_\_ Job under \$1,000  
\_\_\_\_\_ Building NOT owner occupied \_\_\_\_\_ Owner pulling own permit  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

Signed under penalties of perjury: I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_ Date \_\_\_\_\_ Contractor \_\_\_\_\_ Registration # \_\_\_\_\_

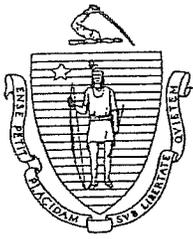
OR

### Notice is hereby given that:

OWNERS PULLING THEIR OWN PERMITS OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. c 142A.

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

\_\_\_\_\_ Date \_\_\_\_\_ Owner \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

- |  |  |
|--|--|
| <p>1. <input type="checkbox"/> I am an 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 general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <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> |
|--|--|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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 attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

**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 Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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 #: \_\_\_\_\_