



**Town of Mansfield**  
**Inspections Department**  
 6 Park Row  
 Mansfield, Massachusetts 02048  
 Tel: 508-261-7360 Fax: 508-261-7343

**APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING**

**This Section For Official Use Only**

Building Permit Number:	Date Issued:
Signature: _____	
Building Commissioner/Zoning Enforcement Officer	Date

**SECTION 1-SITE INFORMATION**

<b>1.1 Property Address:</b>		<b>1.2 Assessors Map, Block, Parcel &amp; Value:</b>			
		Map:	Block:	Parcel:	Structure Value:
<b>1.3 Zoning Information:</b>		<b>1.4 Property Dimensions:</b>			
Zoning District:	Proposed Use:	Lot Area (sf):		Lot Frontage:	
<b>1.5 Building Setbacks:</b>					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
<b>1.6 Water Supply (M.G.L. c. 40, §54)</b>		<b>1.7 Flood Plain Information</b>		<b>1.8 Sewage Disposal System</b>	
Public:	Private:	FIRM Zone:	Town (y/n):	Municipal:	Private:

**SECTION 2- PROPERTY OWNERSHIP/AUTHORIZED AGENT**

<b>2.1 Owner of Record:</b>		
Name (Print)		
Address for Service:		Telephone:
<b>2.2 Authorized Agent</b>		
Name (Print)		
Address for Service:		Telephone:

**SECTION 3- CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE.**

<b>3.1 Licensed Construction Supervisor:</b>			
Name (Print)			
Phone:	Address for Service:		License & Exp:
<b>3.2 Registered Home Improve Contractor</b>			
Company Name (Print)			
Phone:	Address for Service:		Registration & Exp:

**SECTION 4- WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c.152, §25C (6))**

Workers Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the building permit.

Signed Affidavit Attached:    Yes:                      No:

**SECTION 5- PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116. (MORE THAN 35,000 FEET OF ENCLOSED SPACE)**

**5.1 Registered Architect:**

	Not Applicable: (check) _____
Name (Registrant)	Registration Number: _____
Address	Expiration Date: _____
Signature _____ Telephone: _____	

**5.2 Registered Professional Engineer(s):**

	Not Applicable: (check) _____
Name (Registrant)	Registration Number: _____
Address	Expiration Date: _____
Signature _____ Telephone: _____	

	Not Applicable: (check) _____
Name (Registrant)	Registration Number: _____
Address	Expiration Date: _____
Signature _____ Telephone: _____	

	Not Applicable: (check) _____
Name (Registrant)	Registration Number: _____
Address	Expiration Date: _____
Signature _____ Telephone: _____	

	Not Applicable: (check) _____
Name (Registrant)	Registration Number: _____
Address	Expiration Date: _____
Signature _____ Telephone: _____	

**5.3 General Contractor:**

	Not Applicable: (check) _____
Company Name:	License Number: _____
Responsible in Charge of Construction	Expiration Date: _____
Address	
Signature _____ Telephone: _____	

**SECTION 6- DESCRIPTION OF PROPOSED WORK (check all applicable)**

New Construction:	Existing Building:	Repair(s):	Alteration(s):	Addition:
Accessory Bldg:	Demolition:	Other (specify):		
Brief Description of Proposed Work:				
Indicate the licensed Solid Waste Disposal Facility where debris will be disposed of in accordance with 780 CMR 111.5:				
Facility:		Location:		

**SECTION 7- USE GROUPS AND CONSTRUCTION TYPE (Tables 503 & 602)**

USE GROUP (Check as applicable)				CONSTRUCTION TYPE	
<b>A Assembly</b>	<input type="checkbox"/>	A-1 <input type="checkbox"/>	A-2 <input type="checkbox"/>	A-3 <input type="checkbox"/>	1A <input type="checkbox"/>
		A-4 <input type="checkbox"/>	A-5 <input type="checkbox"/>		1B <input type="checkbox"/>
<b>B Business</b>	<input type="checkbox"/>	Specify:			2A <input type="checkbox"/>
<b>E Educational</b>	<input type="checkbox"/>	Specify:			2B <input type="checkbox"/>
<b>F Factory</b>	<input type="checkbox"/>	F-1 <input type="checkbox"/>	F-2 <input type="checkbox"/>		2C <input type="checkbox"/>
<b>H High Hazard</b>	<input type="checkbox"/>	Specify:			3A <input type="checkbox"/>
<b>I Institutional</b>	<input type="checkbox"/>	I-1 <input type="checkbox"/>	I-2 <input type="checkbox"/>	I-3 <input type="checkbox"/>	3B <input type="checkbox"/>
<b>M Mercantile</b>	<input type="checkbox"/>	Specify:			4 <input type="checkbox"/>
<b>R Residential</b>	<input type="checkbox"/>	R-1 <input type="checkbox"/>	R-2 <input type="checkbox"/>	R-3 <input type="checkbox"/>	5A <input type="checkbox"/>
<b>S Storage</b>	<input type="checkbox"/>	S-1 <input type="checkbox"/>	S-2 <input type="checkbox"/>		5B <input type="checkbox"/>
<b>U Utility</b>	<input type="checkbox"/>	Specify:			
<b>M Mixed Use</b>	<input type="checkbox"/>	Specify:			
<b>S Special Use</b>	<input type="checkbox"/>	Specify:			

**COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITIONS AND/OR CHANGE OF USE**

Existing Use Group _____	Proposed Use Group _____
Existing Hazard Index (780 CMR 34): _____	Proposed Hazard Index (780 CMR 34): _____

**SECTION 8- BUILDING HEIGHT AND AREA**

BUILDING AREA	Existing (If applicable)	Proposed
Number of Floors or Stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

**SECTION 9- STRUCTURAL PEER REVIEW (780 CMR 110.11)**

Independent Structural Engineering Structural Peer Review Required: Yes  No

**SECTION 10- OWNER AUTHORIZATION- TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR PERMIT**

I, \_\_\_\_\_, as Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf in all matters relative to work authorized by this permit application.

Print Name \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_





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 employees and 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 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 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 #: \_\_\_\_\_