APPLICATION – One and Two-Family Dwelling (Residence) Only
The Commonwealth of Massachusetts – Board of Building Regulations and Standards

All applications for building permits must include:

- ASSESSORS’ TAX MAP AND PARCEL NUMBERS
  Contact the Huntington Board of Assessors for Tax Map and Parcel
- STREET NUMBER
  Ask the Building Department if you don’t know it.
- SITE PLAN
  Clearly Drawn – show distances from all lot lines
  Existing and proposed buildings, Septic system, Well, Driveway
  Any wetlands (stream, pond, marsh, etc..)
  Front Lot lines are usually not at the edge of payment.
- DRIVEWAY PERMIT
  Copy of permit received from Highway Superintendent
- PROOF OF POTABLE WATER
  Enclose a copy of water test results from a registered laboratory or permission to connect to the town water system.
- SEPTIC INSTALLATION PERMIT
  Enclose a copy of the permit received from the Huntington Board of Health or permission to connect to Town Sewer
- CONSERVATION COMMISSION SIGN OFF
  Contact the Conservation Commission for project review.
- THREE SETS OF BUILDING PLANS
  Clearly Drawn to scale including Floor Plans, Elevation, Framing Cross sections, Window and Door sizes, Insulation Values, prefab components with engineers stamp, location of smoke, heat, fire and CO detectors.
- H.E.R.S. Rater Information
  2017 Energy code requires a H.E.R.S. certified rater for all new Dwellings.
- OWNERS SIGNATURE
  Must be signed by OWNER OF RECORD.

DO NOT send a permit fee with your applications at this time. The fee will be assessed during application Review, you will be billed for the fee. When your payment is received your building permit will be activated.

Completed applications may be submitted during office hours, or mailed to:
Huntington Building Department P.O. 430 Box Huntington MA 01050

Office hours at Huntington Town Hall – Wednesdays 7:30 pm.
This Section For Official Use Only

Building Permit Number: ___________________ Date Applied: ________________

Building Official (Print Name) ___________________ Signature __________________

SECTION 1: SITE INFORMATION

1.1 Property Address: ____________________________________________________________
1.1a Is this an accepted street? yes_____ no_____

1.2 Assessors Map & Parcel Numbers

Map Number __________________________________ Parcel Number __________________

1.3 Zoning Information:

Zoning District ___________________ Proposed Use ___________________

1.4 Property Dimensions:

Lot Area (sq ft) ________ Frontage (ft) ________

1.5 Building Setbacks (ft)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
<tr>
<td>30 feet/9.15M</td>
<td>20 feet/6.01M</td>
<td>20 feet/6.01M</td>
</tr>
</tbody>
</table>

1.6 Water Supply: (M.G.L c. 40, §54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: ___ Outside Flood Zone? Check if yes ☐

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record:

Name (Print) ___________________ City, State, ZIP ___________________

No. and Street ___________________ Telephone ___________________ Email Address ___________________

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐ Demolition ☐ Accessory Bldg. ☐ Number of Units_____ Other ☐ Specify: ___________________

Brief Description of Proposed Work:
__________________________________________________________

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $_______ Indicate how fee is determined:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>☐ Standard City/Town Application Fee</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>☐ Total Project Cost³ (Item 6) ________X.006 = ________</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>2. Other Fees: $________</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>List: ___________________</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>Total All Fees: $__________________</td>
</tr>
</tbody>
</table>

Check No. ______ Check Amount: ______ Cash Amount: ______

☐ Paid in Full ☐ Outstanding Balance Due: ______
SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Signature

Telephone

Email address

List CSL Type (see below)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1&amp;2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Address

Signature

Telephone

HIC Registration Number

Expiration Date

Email address

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 Issuance of the building permit.

Signed Affidavit Attached?  Yes ☐  No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER’S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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

Print Owner’s Name (Electronic Signature) _______________________________ Date __________________

SECTION 7b: OWNER1 OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner’s or Authorized Agent’s Name _______________________________ Date __________________

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

   Total Project Square Footage: _______________________________  Total Project Cost: _______________________________

   Gross living area (sq. ft.) _______________________________  Habitable room count _______________________________

   Number of fireplaces _______________________________  Number of bedrooms _______________________________

   Number of bathrooms _______________________________  Number of half/baths _______________________________

   Type of heating system _______________________________  Number of decks/ porches _______________________________

   Type of cooling system _______________________________  Enclosed _______________________________ Open _______________________________

3. “Total Project Square Footage” may be substituted for “Total Project Cost”
TOWN OF HUNTINGTON
BUILDING INSPECTION DEPARTMENT

Construction Debris Affidavit

In accordance with the provisions of M.G.L. c. 40 § 54 all debris resulting from any work covered by a Building Permit shall be disposed of in a properly licensed disposal facility, as defined by M.G.L. c. 111 § 150A.

Address of work: _____________________________________

The debris will be transported by: _________________________

The debris will be received at: ____________________________

_____________________________________________________
Signature of Permit Applicant

_____________________________________________________
Date

Building Permit Number: ________________________________

P.O. Box 430, Huntington, Massachusetts 01050
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: | Phone #:
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [ ] I am a employer with employees (full and/or part-time).*</td>
<td>4. [ ] 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;*</td>
</tr>
<tr>
<td>2. [ ] I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] +</td>
<td>5. [ ] 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.]</td>
</tr>
<tr>
<td>3. [ ] I am a homeowner doing all work myself. [No workers' comp. insurance required.] +</td>
<td></td>
</tr>
<tr>
<td>Type of project (required):</td>
<td></td>
</tr>
<tr>
<td>6. [ ] New construction</td>
<td></td>
</tr>
<tr>
<td>7. [ ] Remodeling</td>
<td></td>
</tr>
<tr>
<td>8. [ ] Demolition</td>
<td></td>
</tr>
<tr>
<td>9. [ ] Building addition</td>
<td></td>
</tr>
<tr>
<td>10. [ ] Electrical repairs or additions</td>
<td></td>
</tr>
<tr>
<td>11. [ ] Plumbing repairs or additions</td>
<td></td>
</tr>
<tr>
<td>12. [ ] Roof repairs</td>
<td></td>
</tr>
<tr>
<td>13. [ ] Other __________________</td>
<td></td>
</tr>
</tbody>
</table>

*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 names 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.

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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.

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

Signature: __________________________ Date: __________________________

Phone #: __________________________

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Official use only. Do not write in this area, to be completed by city or town official.

City or Town: HUNTINGTON

Issuing Authority: Building Department

Permit/License # __________________________

Contact Person: __________________________
Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers’ compensation for their employees. Pursuant to this statute, an employee is defined as “…every person in the service of another under any contract of hire, express or implied, oral or written.”

An employer is defined as “an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.”

MGL chapter 152, §25C(6) also states that “every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.” Additionally, MGL chapter 152, §25C(7) states “Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.”

Applicants

Please fill out the workers’ compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers’ compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers’ compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under “Job Site Address” the applicant should write “all locations in ____ (city or town).” A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department’s address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSSAFE
Fax # 617-727-7749

www.mass.gov/dia

Revised 4-24-07
Note 142A, requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal or demolition or the construction of an addition to any pre-existing owner occupied building containing at least one but no more than four dwelling units, or to structures which are adjacent to such a residence or building be done by registered contractors, with certain exceptions, along with other requirements.

Type of work: ___________________________________________ Estimated Cost______________

Address of work: ____________________________________________________________________

Owners Name: _____________________________________________________________________

Date of Permit / Application __________________________________________________________

I hereby certify that registration is not required for the following reason(s);

__________ I reside or intend to reside in this dwelling.

__________ Job under $500.00

__________ Building not owner occupied

__________ Owner pulling own permit

__________ Other (specify) ________________________________

Notice is hereby given that:

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

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date: ___________ Contractor: ___________________________ Reg # ________________

OR:

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

Date: ___________ Owner: ___________________________ Tel. #:________________________