

# EXPRESS PERMIT

permit# \_\_\_\_\_

approved by \_\_\_\_\_

date \_\_\_\_\_

inspected by \_\_\_\_\_

date \_\_\_\_\_



## Town of Truro Building Department

24 Town Hall Rd.  
PO Box 2030  
Truro, MA 02666

Tel (508) 349-7004 x31 Fax (508) 349-5508

### PROJECT TYPE

ROOFING

SIDING

TENT (attach flame spread cert.)

WINDOWS – attach catalogue cut showing “EnergyStar” compliance or  $U_{value} \leq .30$

Exterior Doors – attach catalogue cut showing “EnergyStar” or prescriptive “Stretch Code”  $U_{value}$  compliance

GARDEN SHED OR UTILITY BUILDING  $\leq 200$  s.f. Provide site sketch showing required property line setbacks & either catalogue cut or scaled and dimensioned sketches showing windows, doors and overall height. Comply with all applicable Health & Zoning bylaws.

WOOD STOVE – provide catalogue info

OTHER \_\_\_\_\_

### DESCRIPTION OF PROPOSED WORK (materials, dimensions, quantities, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROPERTY ADDRESS

MAP

PARCEL

OWNER

PHONE

EMAIL

ESTIMATED CONSTRUCTION COST

### PROJECT AUTHORIZATION

OWNER'S SIGNATURE

DATE

A separate authorization letter from the owner is acceptable

CONTRACTOR/AGENT NAME

PHONE#

CSL#

HIC#

EMAIL#

**DEBRIS DISPOSAL DECLARATION** – Debris resulting from this project shall be disposed at \_\_\_\_\_ which is a properly licensed solid waste disposal facility as required by MGL, C-111, S 150A



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

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

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

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

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

- 1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4.  I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5.  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. ‡
- 6.  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.]

**Type of project (required):**

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 14.  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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: \_\_\_\_\_