



TOWN OF OAK BLUFFS
BUILDING DEPARTMENT
508-693-3554 Ext. 123, 122

For Office Use Only:
Inspector: _____
Date: _____

RESIDENTIAL EXPRESS PERMIT APPLICATION

FEE: \$75.00
APPLICATION #:

CHECK #:
PERMIT #:

MAP _____ PARCEL _____

OWNER'S NAME: _____

PHONE #: _____ EMAIL: _____

Construction Address: _____

SIGN OFFS: Assessor: _____ Tax Collector: _____ Conservation Commission: _____ Board of Health: _____

HISTORICAL DISTRICTS: **OBHC:** Yes [] No [] **MVCMA:** Yes [] No [] **CCHDC:** Yes [] No []
COPELAND: Yes [] No [] **WETLANDS:** Yes [] No []

WORK TO BE PERFORMED

Absolutely NO Header Changes or Structural Work With This Permit

- [] Replace Windows #: _____ Indicate which rooms on back as well as type of window/U Value
 - [] Replace Doors #: _____ [] Replace decking (no structural) Type of decking: _____
 - [] Shed** _____ size < 100 sq ft, 5' side/rear setback, > 100 sq ft Appendix B side/rear setback
 - [] Fence _____ Over 6' requires permit [] Replace Siding # of sq. _____ Type: _____
 - [] Re-roof # of sq. _____ Type of shingle: _____ Strip old shingles Yes [] No []
- **ALL NEW SHEDS REQUIRE A PLOT PLAN W/APPLICATION - NO EXCEPTIONS

DESCRIBE WORK AND EXISTING CONDITIONS ON SEPARATE PAPER. SUBMIT PLANS WHEN REQUIRED

Estimated Cost of Project: \$ _____ Disposal/Dumpster Firm for Debris: _____
REQUIRED

Contractor's Name: _____ Mailing Address: _____

Phone: _____ Email: _____ for permit notification

Construction Supervisor Lic #: _____ Expiration Date: _____ HIC Registration #: _____
REQUIRED FOR WORK ON EXISTING DWELLINGS

Worker's Compensation Insurance: WORKER'S COMPENSATION AFFADAVIT ON REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED

I am a: [] Homeowner Performing all work [] Contractor CSL #: _____ Exp Date: _____
[] HIC #: _____ Exp Date: _____ REQUIRED

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 and Sign Name _____

Date _____

Persons contracting with unregistered contractors do not have access to the guaranty fund as set forth in M.G.L. c 142A. I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268 Section 1.

Applicant's Signature: _____ Date: _____
Print Name and Signature

PERMITS MUST BE VISIBLE FROM THE MAIN ACCESS STREET TO PROJECT
THIS APPLICATION IS AVAILABLE ON THE OAK BLUFFS WEB SITE: WWW.OAKBLUFFSMA.GOV

Workers Compensation Affidavit

Name (Business/Organization/Individual): _____
Address: _____
City/State/Zip: _____

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 Work
12. Plumbing Work
13. Roof Work
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 attach 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
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____