

NATICK BUILDING DEPARTMENT

BUILDING PERMIT APPLICATION SUBMITTAL REQUIREMENTS

At the time of submittal *in addition to a fully completed Building Permit Application Form*, the following items must also be provided:

RESIDENTIAL PERMITS-

- Workers Compensation Insurance Affidavit
- Energy Conservation Application Form (compliance with Stretch Energy code)
- Solid Waste Disposal Affidavit
- Affidavit for Estimated Cost of Construction
- Certified Plot Plan (if applicable)
- 2 Sets of Building Plans (may require Architect/Engineer stamp) *plus* 1 set on Disk  
Note: ALL new homes require Architect/Engineer stamp.
- International Existing Building Code Section 104.2.1.1 Building Evaluation Review as per 780 CMR 34 if the building is undergoing any of the following; Renovation, Addition or Change in Use or Occupancy.
- (The existing building must be investigated and reviewed by a registered design professional in accordance with the 2009 International Existing Building Code.

New Dwellings, Additions and any newly created interior spaces require review by;  
Board of Health  
DPW  
Fire Department

Any Permit Application Submittals which are incomplete will not be accepted by this office.

*Town of Natick*  
 13 East Central Street, Natick, MA 01760

**Building Permit Application to Construct, Repair, Renovate or Demolish  
 One- or Two-Family Dwelling**

*Massachusetts State Building Code (780 CMR) Eighth Edition*

<b>This Section for Official Use Only</b>		
Signature _____	Date Approved _____	Permit Fee _____ Check# _____ Cash _____
Building Official		

**SECTION 1: SITE INFORMATION**

<b>1.1 Property Address</b> 1.1a Is this an accepted street? Yes _____ No _____	<b>1.2 Assessors Map &amp; Parcel Numbers and Zoning District</b> Map Number _____ Parcel Number _____ Zoning District _____
--	---

<b>1.5 Building Setbacks (ft)</b>					
Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
1.6 Water Supply: (M.G.L.c.40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

**SECTION 2: PROPERTY OWNERSHIP**

**2.1 Owner of Record:**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

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

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/>	Specify: _____	

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED COST of CONSTRUCTION**

Item:	Estimate Costs: (Labor and Materials)	Official Use Only: DEPARTMENT APPROVAL
1. Cost of Improvement To be installed but <i>not included</i> in above cost;	\$ _____	<b>Assessor</b> Approved _____ Date _____
Electrical	\$ _____	<b>Board of Health</b> Approved _____ Date _____
Plumbing	\$ _____	<b>Site Drainage</b> Approved _____ Date _____
HVAC & Duct Work	\$ _____	<b>DPW</b> Approved _____ Date _____
<b>Total Cost of Improvement:</b>	\$ _____	<b>Fire Department</b> Approved _____ Date _____
Trench Permit Submitted Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate of Occupancy Required Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Conservation</b> Approved _____ Date _____
Estimated Cost Affidavit	Solid Waste Disposal Affidavit	<b>Treasurer</b> Approved _____ Date _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**SECTION:5 CONSTRUCTION SERVICES**

<b>5.1 Licensed Construction Supervisor (CSL)</b>				License Number _____ Expiration Date _____ List CSL Type (see below) _____	
Name of CSL – Holder _____					
Address	City/Town	State	Zip Code	Type	Description
Signature _____				00	Unrestricted (up to 35,000 Cu. Ft.)
Telephone _____				1G	Restricted 1 & 2 Family Dwelling
				1A	Masonry Only
				RF	Residential Roofing Covering
				WS	Residential Window and Siding
				SF	Residential Solid Fuel Burning Appliance Installation
				DM	Residential Demolition

**5.2 Residential Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name _____				Registration Number _____	
Address	City/Town	State	Zip Code	Expiration Date _____	
Signature _____			Telephone _____		

**SECTION 6: WORKER'S 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 Insurance 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.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b: OWNER' OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_ as Owner or Authorized Agent hereby declare that the statements  
 and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_  
 Signature of Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_  
*(Signed under the pains and penalties of perjury)*

**SECTION 8: CONSERVATION COMMISSION CONCERNS**

- |  |            |           |
|--|------------|-----------|
| 1. Are there wetlands or flood zones within 100 feet of the construction area? | Yes: _____ | No: _____ |
| 2. Are there any rivers or streams within 200 feet of the construction site?   | Yes: _____ | No: _____ |
| 3. Will there be soil disturbance of one zoning acre (40,000 sq.ft) or more?.  | Yes: _____ | No: _____ |
| 4. Will there be any activity in an Aquifer Protection District?               | Yes: _____ | No: _____ |

**FOOTNOTES:**

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R.6 and 110.R.5, respectively.

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

Total floors area (sq. ft.) _____ <i>(including garage, finished basement/attics, decks or porch)</i>	Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____	Number of bathrooms _____
Number of half baths _____	Number of decks/porches _____	Enclosed _____ Open _____
Type of heating system _____	Type of cooling system _____	

**Note:** New homes require approvals from all departments. If any box in Section 8 is checked "Yes" then approval from the Conservation Commission is required. **Work started prior to approval may be subjected to triple the original permit fee.** The Building Inspector may require further documents and approvals upon review of the plans submitted.

**Swimming Pools** require **Board of Health Approval** and compliance with Appendix 120.M of the Massachusetts State Building Code 8<sup>th</sup> Edition.

Town of Natick  
Building Department  
13 East Central Street, Natick, MA 01760

Phone: 508-647-6450

8:00 AM – 5:00 PM Mon, Tues & Wed  
8:00 AM – 8:00 PM Thursday  
8:00 AM – 12:30 PM Friday

TOWN OF NATICK  
OFFICE OF THE INSPECTOR OF BUILDINGS  
13 East Central Street  
Natick, MA 01760  
Ph: 508-647-6450 Fax: 508-647-6444

ESTIMATED COST OF CONSTRUCTION DOCUMENT

In accordance with the provisions of the Massachusetts State Building Code, Eighth Edition, Section 105.3, the total estimated cost of the construction including all related construction costs\* of the building located at \_\_\_\_\_  
Amounts to \$\_\_\_\_\_.

I, \_\_\_\_\_, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

\*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including; Demolition, H.V.A.C., Plumbing, Electrical, Fire Protection, Painting, Carpeting, Landscaping and Site Improvements.

Furnishings and portable equipment are not part of the total construction costs; however a separate fixturing permit must be obtained prior to commencement work.

Signature of Owner \_\_\_\_\_

Commonwealth of Massachusetts

\_\_\_\_\_ s. s. \_\_\_\_\_ 20\_\_\_\_\_

Then personally appeared the above names \_\_\_\_\_

And made oath that above statement is true.

Before Me,

\_\_\_\_\_  
Notary Public

My Commission Expires: 20\_\_\_\_\_

TOWN OF NATICK  
OFFICE OF THE INSPECTOR OF BUILDINGS  
13 East Central Street  
Natick, MA 01760  
Ph: 508-647-6450 Fax: 508-647-6444

FINAL COST OF CONSTRUCTION DOCUMENT

In accordance with the provisions of the Massachusetts State Building Code, Eighth Edition, Section 105.3, the total estimated cost of the construction including all related construction costs\* of the building located at \_\_\_\_\_  
Amounts to \$\_\_\_\_\_.

I, \_\_\_\_\_, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

\*Related construction costs include all work done with or concurrently with the work contemplated by the building permit including; Demolition, H.V.A.C., Plumbing, Electrical, Fire Protection, Painting, Carpeting, Landscaping and Site Improvements.

Furnishings and portable equipment are not part of the total construction costs; however a separate fixturing permit must be obtained prior to commencement work.

Signature of Owner \_\_\_\_\_

Commonwealth of Massachusetts

\_\_\_\_\_ s. s. \_\_\_\_\_ 20\_\_\_\_  
Then personally appeared the above names \_\_\_\_\_  
And made oath that above statement is true.

Before Me,

\_\_\_\_\_  
Notary Public  
My Commission Expires: 20\_\_\_\_

TOWN OF NATICK  
OFFICE OF THE INSPECTOR OF BUILDINGS  
13 East Central Street  
Natick, MA 01760  
Ph: 508-647-6450 Fax: 508-647-6444

DEBRIS AFFIDAVIT

JOB SITE LOCATION: \_\_\_\_\_

In accordance with the provisions of MGL c40, §54, a condition of Building Permit Number \_\_\_\_\_ is that debris from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111,2 §150A.

Name and Location of Facility: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

BUILDING DEPARTMENT

ENERGY CONSERVATION APPLICATION FORM  
STRETCH ENERGY CODE

(780 CMR Appendix AA & IECC 2009)

COMPLIANCE FOR ONE & TWO-FAMILY RESIDENTIAL CONSTRUCTION

Applicant Name: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_

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

Please check appropriate box:

New Construction - 401.2 (1 & 2 family dwellings) requires a HERS index rating as verified by a RSNET certified HERS rater:

Name & Reg. # of HERS rater: \_\_\_\_\_

a. units  $\geq$  3000 sq ft of conditioned space, a HERS rating of 65 or less is required

b. units  $<$  3000 sq ft of conditioned space, a HERS rating of 70 or less is required

c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

Additions (circle option #1 or option #2):

1. Prescriptive Option (401.3) shall conform to IECC 2009 Chapter 4 and demonstrate compliance with:

a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist

b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights

c. Ducts sealed and tested with leakage  $\leq$  4 cfm per 100 sq ft of conditioned floor area

d. Indicate insulation R-Values and fenestration U-Factors below:

R-Values - Wall: \_\_\_\_\_ Ceiling: \_\_\_\_\_ Floor: \_\_\_\_\_ Slab: \_\_\_\_\_ Bsmnt Wall: \_\_\_\_\_

U-Factors - Windows: \_\_\_\_\_ Doors: \_\_\_\_\_ Skylights: \_\_\_\_\_

2. Performance Option (401.4):

& Reg. # of HERS rater: \_\_\_\_\_

a. units  $\geq$  3000 sq ft of conditioned space, a HERS rating of 65 or less is required

b. units  $<$  3000 sq ft of conditioned space, a HERS rating of 70 or less is required

c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

Alterations, Renovation or Repairs (circle option #1 or option #2):

1. Prescriptive Option (401.5) shall conform to IECC 2009 Chapter 4 and demonstrate compliance with:

a. The Energy Star Qualified Homes Thermal Bypass Inspection Checklist

b. Fenestration u-factor requirements as listed in Energy Star Program for Doors, Windows & Skylights

c. Ducts sealed and tested with leakage  $\leq$  4 cfm per 100 sq ft of conditioned floor area

d. Indicate insulation R-Values and fenestration U-Factors below:

R-Values - Wall: \_\_\_\_\_ Ceiling: \_\_\_\_\_ Floor: \_\_\_\_\_ Slab: \_\_\_\_\_ Bsmnt Wall: \_\_\_\_\_

U-Factors - Windows: \_\_\_\_\_ Doors: \_\_\_\_\_ Skylights: \_\_\_\_\_

2. Performance Option (401.6):

Name & Reg. # of HERS rater: \_\_\_\_\_

a. units  $\geq$  2000 sq ft of conditioned space, a HERS rating of 80 or less is required

b. units  $<$  2000 sq ft of conditioned space, a HERS rating of 85 or less is required

c. all units shall comply with the Energy Star Qualified Homes Thermal Bypass Inspection Checklist

Residential Windows, Doors & Skylights - Energy Star Fenestration U-Factor Requirements (see reverse side)

# of Windows \_\_\_\_\_

U-Factor(s) \_\_\_\_\_

# of Doors \_\_\_\_\_

U-Factor(s) \_\_\_\_\_

# of Skylights \_\_\_\_\_

U-Factor(s) \_\_\_\_\_

Note: Please leave manufacturers stickers on windows for inspection verification.

\*\*\* PLEASE SEE REVERSE SIDE FOR MANDATORY IECC 2009 REQUIREMENTS \*\*\*

## 2009 IECC MANDATORY REQUIREMENTS

- 401.3 Certificate – Posted on or near Elec Panel and list R&U values- equip efficiency
- 402.4 Air Leakage – Building Thermal Envelope sealed to limit infiltration
- 402.4.3 Fireplace – shall have gasketed doors and outdoor combustion air
- 402.5 Maximum U Value
- 403.1 Systems Control - One programmable thermostat for forced air system
- 403.2.2 Duct Sealing – all ducts shall be sealed
- 403.2.3 Building Cavities – framing cavities shall not be used as supply ducts
- 403.3 Mechanical System Piping Insulation – minimum insulation of R-3
- 403.4 Circulating Hot Water System – minimum insulation of R-2
- 403.5 Mechanical Ventilation – intake & exhaust shall have automatic or gravity dampers
- 403.6 Equipment Sizing – in accordance with ACCA manual S per M1401.3 of IRC
- 403.7 Systems Serving Multiple Dwelling Units – see sections 503 & 504 of IECC 2009
- 403.8 Snowmelt Systems Controls – provide automatic or manual shutoff controls
- 404.1 Lighting Equipment – min of 50% of lighting fixtures shall be high-efficacy lamps

**TABLE 402.1.1 – CLIMATE ZONE 5 ONLY  
INSULATION REQUIREMENT BY COMPONENT<sup>a</sup>**

Climate Zone	Ceiling R-Value	Wood Frame-Wall R-Value	Mass Wall R-Value <sup>i</sup>	Floor R-Value	Basement <sup>c</sup> Wall R-Value	Slab <sup>d</sup> R-Value & Depth	Crawl Space <sup>e</sup> Wall R-Value
5 (MA)	38	20 or 13+5 <sup>b</sup>	13/17	30 <sup>g</sup>	10/13	10, 2 ft	10/13

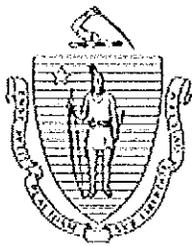
Footnotes (Modified for Climate Zone 5 only):

- a. R-values are minimums. U-factors are maximums. R-19 batts compressed into a nominal 2 x6 framing cavity such that the R-value is reduced by R-1 or more shall be marked with the compressed batt R-value in addition to full thickness R-value.
- c. "10/13" means R-10 continuous insulated sheathing on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
- d. R-5 shall be added to the required slab edge R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.
- g. Or insulation sufficient to fill the framing cavity, R-19 minimum.
- h. "13+5" means R-13 cavity insulation plus R-5 insulated sheathing. If structural covers 25 percent or less of the exterior, insulating sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25 percent of exterior, structural sheathing shall be supplemented with insulated sheathing of at least R-2.
- i. The second R-value applies when more than half the insulation is on the interior of the mass wall.

### ENERGY STAR FENESTRATION U-FACTOR REQUIREMENTS FOR RESIDENTIAL DOORS, WINDOWS & SKYLIGHTS

WINDOWS		DOORS			SKYLIGHTS	
U-Factor	SHGC <sup>a</sup>	Glazing Lvl	U-Factor	SHGC <sup>a</sup>	U-Factor	SHGC <sup>a</sup>
≤ 0.30	any	opaque	≤ 0.21	no rating	≤ 0.55	any
= 0.31	≥ 0.35	≤ ½ lite	≤ 0.27	≤ 0.30		
= 0.32	≥ 0.40	> ½ lite	≤ 0.32	≤ 0.30		

a. SHGC – Solar Heat Gain Coefficient



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

Print Form

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

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

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

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

<b>Are you an employer? Check the appropriate box:</b> 1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).* 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.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		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. ‡ 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.]	<b>Type of project (required):</b> 6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> 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 #: \_\_\_\_\_

# 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**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)