

# TAX & WATER FORM

THIS FORM MUST BE SIGNED BY :

- 1.) THE SOMERSET TAX COLLECTOR: 140 Wood St.
- 2.) THE SOMERSET WATER DEPARTMENT: 3256 County St.

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

Address of Property: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Address of Owner: (  Same as Above ) \_\_\_\_\_

Name of Applicant: (  Owner ) \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

I CERTIFY THAT THE OWNER/APPLICANT LISTED ABOVE HAS NO OUTSTANDING TAX OR WATER BILL DUE TO THE TOWN OF SOMERSET FOR ANY PROPERTY OWNED OR JOINTLY OWNED BY THE OWNER/APPLICANT.

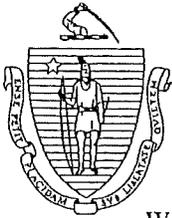
Tax Collector, Town of Somerset: \_\_\_\_\_

Water Dept., Town of Somerset: \_\_\_\_\_

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR 8 <sup>th</sup> edition		FOR MUNICIPALITY USE (revised 01/20/2015)			
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING					
This Section For Official Use Only					
Building Permit Number: _____		Date Applied: _____			
Signature: _____		Date: _____			
Building Commissioner/ Inspector of Buildings					
<b>SECTION 1 – SITE INFORMATION</b>					
1.1 Property Address: _____		1.2 Assessors Map & Parcel Numbers			
1.1a Is this an accepted city/town street: yes <input type="checkbox"/> no <input type="checkbox"/>		Map Number _____	Parcel Number _____		
1.3 Zoning Information:		1.4 Property Dimensions:			
Zoning District _____	Proposed Use _____	Lot Area (sf) _____	Frontage (ft) _____		
Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
1.7 Water Supply (M.G.L c. 40, § 5-4)		1.5 Flood Zone Information:		1.8 Sewage Disposal System:	
Public <input type="checkbox"/>	Private <input type="checkbox"/>	Zone: _____ Outside Flood Zone <input type="checkbox"/>		Municipal <input type="checkbox"/>	
				On site disposal system <input type="checkbox"/>	
<b>SECTION 2: PROPERTY OWNERSHIP/ AUTHORIZED AGENT</b>					
2.1 Owner of Record:					
Name (Print) _____		Address for Service: Street _____		City/Town _____ State _____	
Signature _____		Telephone _____		Zip Code _____	
2.1 (a) Is this a new or existing owner occupied one or two family? Yes <input type="checkbox"/> No <input type="checkbox"/> 2.1(b) Number of Units _____					
2.2 Authorized Agent:					
Name (Print) _____		Authorized Agent: Street _____		City/Town _____ State _____	
Signature _____		Telephone No. for Authorized Agent _____		Zip Code _____	
<b>SECTION 3: CONSTRUCTION SERVICES</b>					
3.1 Licensed Construction Supervisor <b>CSL</b>					
Licensed Construction Supervisor _____			License Number _____ Restriction Code _____		
Address _____ City/Town _____ State _____ Zip Code _____			Expiration Date _____		
Signature _____ Telephone _____					
3.2 Registered Home Improvement Contractor <b>HIC</b>					
Company Name _____			Registration Number _____		
Address _____ City/Town _____ State _____ Zip Code _____			Expiration Date _____		
Signature _____ Telephone _____					

<b>SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))</b>				
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 ..... <input type="checkbox"/> No ..... <input type="checkbox"/>				
<b>SECTION 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)</b>				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Historic Preservation <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____	
Brief Description of Proposed Work: _____ _____ _____				
TOTAL ALL FLOORS (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)				
GROSS LIVING AREA (Sq. Ft.) _____		HABITABLE ROOM COUNT _____		
NUMBER OF FIREPLACE _____		NUMBER OF BEDROOMS _____		
NUMBER OF BATHROOMS _____		NUMBER OF HALF/BATHS _____		
NUMBER OF DECKS/ PORCHES _____		ENCLOSED _____		OPEN _____
HEATING/COOLING _____		TYPE _____		
<b>SECTION 6 - ESTIMATED CONSTRUCTION COSTS</b> <span style="float:right"><i>Note: Fees are non-refundable</i></span>				
Item	Estimated Costs (Dollars) to include both labor and materials.	Official Use Only ( N/I means not included)		
1. Building	\$ _____	1. Building Permit Fee: \$ _____		
2. Electrical	\$ _____	2. Electrical Permit Fee: \$ _____		
3. Gas	\$ _____	3. Gas Permit Fee: \$ _____		
4. Plumbing	\$ _____	4. Plumbing Permit Fee: \$ _____		
5. Mechanical (HVAC, Fireplace, stoves, chimney, power vent)	\$ _____	5. Mechanical Permit Fee: \$ _____		
6. Mechanical (Fire Suppression)	\$ _____	TOTAL ALL FEES: \$ _____		
7. TOTAL PROJECT COST:	\$ _____	Check Number: _____	Cash: _____	
<b>Section 7a OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT</b>				
I, _____, as <u>Owner</u> of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.				
X Signature of Owner		Date		
<b>SECTION 7b OWNER/AUTHORIZED AGENT DECLARATION</b>				
I, _____, as Owner/ 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 _____				
X Signature of Owner / Agent		Date		
(Signed under the pains and penalties of perjury)				

Owners please read before signing: *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 UNDER MGL c. 142A.*



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: X \_\_\_\_\_ 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 #: \_\_\_\_\_



# Town of Somerset

Waste Disposal

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

Permit #: \_\_\_\_\_

In accordance with the provisions of MGL c. S 54, a condition of the Building Permit is that the debris resulting from this work shall be disposed of in a property licensed solid waste disposal facility as defined by MGL c. 111, S 150A

\_\_\_\_\_  
Name of Facility

\_\_\_\_\_  
Address of Facility

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

\_\_\_\_\_  
Date