



**City of Lynn Massachusetts**  
**Inspectional Services Department**  
**Massachusetts State Building Code (780 CMR)**  
**One & Two Family Building Permit Application**

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**Code and Other Requirements for Building Permits**

The MA State Building Code specifies the requirements of building permits and the applicant is advised to review and be familiar with these requirements in order to avoid some of the common permit application problems. Likewise, the applicant should be aware that some municipalities require that the owner confirm, even prior to acceptance of the building permit application, that no outstanding property taxes, water fees, etc. exist.

**Filing Instructions**

1. Application form must be filled out completely (as applicable), signed as necessary with contact information and written clearly. (please note an incomplete application delays the permit process)
2. Description of work to be performed must be clear and brief; “see attached” is not an acceptable response.
3. Construction plans must be dimensioned, clearly drawn, and of sufficient detail to determine compliance with the Massachusetts State Building Code.
4. All applications will be considered complete and reviewed if construction documents, specifications, fee, and other materials that may be required as indicated in the Building Permit Application are included with the application.
5. Approval as granted by the authority having jurisdiction, such as, but limited to: Conservation Commission, Zoning Board of Appeals, Planning Board and Board of Health.
6. Photo copy of Construction Supervisor’s License, Home Improvement Registration (H.I.C required for one (1) to four (4) family dwelling), Workers’ Compensation Insurance affidavit including a copy of Certificate of Liability Insurance.
7. The Building Permit fee may be calculated using the information to be supplied in Section 4 of the Building Permit Application. The City of Lynn has a fee of ten dollars (\$10.00) per thousand of the total construction cost and minimum fee of fifty dollars (\$50.00) for the any jobs five thousand dollars (\$5,000.00) or less. Payment may be made to the City of Lynn by check or cash.
8. **This page is for filing instructions only and must be removed before submitting application.**



**City of Lynn Massachusetts**  
**Inspectional Services Department**  
**Massachusetts State Building Code, 780 CMR**  
**One or Two Family Building Permit Application**

*Approval  
Stamp*

**This Section For Official Use Only**

Building Permit Number: BP-

Project Number: JS-

\_\_\_\_\_  
Building Official Signature

\_\_\_\_\_  
Date

**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      Block Number      Lot Number

**1.3 Zoning Information:**

\_\_\_\_\_  
Zoning District      Proposed Use      Ward

**1.4 Property Dimensions:**

\_\_\_\_\_  
Lot Area (sq ft)      Frontage (ft)

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards- Left and Right		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
			L      R		

**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<sup>1</sup>**

**2.1 Owner of Record:**

\_\_\_\_\_  
Name (Print)      City, State, Zip

\_\_\_\_\_  
No. and Street Name      Telephone      Owner's Signature

**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<sup>2</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	<b>Official Use Only</b>
1. Building	\$	1. Building Permit Fee: \$ _____ Indicate how determined: <input type="checkbox"/> Minimum Permit Fee : \$50.00 for all projects under \$5,000.00 <input type="checkbox"/> Total Project Cost (Item 7) x multiplier \$10.00 = _____  2. Other Fees: \$ _____  Total All Fees: \$ _____  Check No. _____ Check Amount: _____ Cash Amount: _____  <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Fire Protection	\$	
6. Sheet Metal	\$	
7. <b>Total Project Cost:</b>	\$	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

_____ Name of CSL Holder  _____ No. and Street  _____ City/Town, State, ZIP  _____ Construction Supervisor's Signature or (Electronic Signature)  _____ Telephone _____ Email address _____	_____ License Number                      Expiration Date  List CSL Type (see below) _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td align="center">U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td align="center">R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td align="center">M</td> <td>Masonry</td> </tr> <tr> <td align="center">RC</td> <td>Roofing Covering</td> </tr> <tr> <td align="center">WS</td> <td>Window and Siding</td> </tr> <tr> <td align="center">SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td align="center">I</td> <td>Insulation</td> </tr> <tr> <td align="center">D</td> <td>Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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**5.2 Registered Home Improvement Contractor (HIC)**

_____ HIC Company Name or HIC Registrant Name  _____ No. and Street  _____ City/Town, State, ZIP                      Telephone _____	_____ HIC Registration Number                      Expiration Date  _____ HIC Registrant's Signature
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**SECTION 6: 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.

\_\_\_\_\_  
 Owner's Signature or (Electronic Signature)                      \_\_\_\_\_  
 Date

**SECTION 7b: OWNER<sup>1</sup> 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.

\_\_\_\_\_  
 Owner's or Authorized Agent's Name or (Electronic Signature)                      \_\_\_\_\_  
 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](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)
  
2. When substantial work is planned, provide the information below:
 

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed                      Open
Type of cooling system _____	
  
3. "Total Project Square Footage" may be substituted for "Total Project Cost"



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 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:**

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>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. ‡</p> <p>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.]</p> |
|--|---|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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."

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## 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.

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## 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.

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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)



**CITY OF LYNN MASSACHUSETTS**  
Inspectional Services Department  
Room 401, Lynn City Hall, Lynn, MA 01901  
p. 781-598-4000 ~ f. 781-477-7031  
Website: [www.lynnisd.com](http://www.lynnisd.com)

## WASTE DISPOSAL AFFIDAVIT

Name of Applicant \_\_\_\_\_

Firm Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

As a result of the provisions of MGL c40, §54, I acknowledge that as a condition of Building Permit Number \_\_\_\_\_ all debris resulting from the construction activity governed by the Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, § 150A. I certify that I will notify the Building Official (two months maximum), of the location of the solid waste facility where the debris resulting from the said construction activity shall be disposed of and I shall submit the appropriate form for attachment to the Building Permit.

The debris will be disposed of at the following location:

Facility City / Town \_\_\_\_\_

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

Type of container to transport debris (check one) Truck \_\_\_\_\_ Dumpster \_\_\_\_\_

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

\_\_\_\_\_  
Date