



# CITY OF LYNN

## INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

---

### ONE & TWO-FAMILY BUILDING PERMIT APPLICATION

The Massachusetts State Building Code (8<sup>th</sup> edition) specifies the minimum building permit requirements. Applicants are advised to review and be familiar with these requirements in order to avoid common permit application problems. Applicants shall be aware that permits *shall not be issued* to properties owing outstanding property taxes, municipal fines or fees pursuant to local ordinance.

#### Filing Instructions

1. Application forms must be fully completed, including all requested information, in clear, legible handwriting or electronically. Incomplete applications will result in delays in processing.
2. Applicants shall describe the work to be performed in plain English, with sufficient detail to notify the building official as to the applicant's plans. Descriptions which reference drawn plans (i.e. "see attached") are not acceptable.
3. Construction plans must be dimensioned, clearly drawn, and of sufficient detail to demonstrate the project's compliance with all relevant aspects of the Massachusetts State Building Code (8<sup>th</sup> edition)
4. Applications shall be deemed complete upon receipt of the application form, construction documents (i.e. plans), specifications, fees and all related materials (e.g. Workman's Compensation Affidavit). The application review period shall run from the first date on which all required materials have been filed with the building official.
5. Applicants shall attach proof of authorization to applications for projects that require approval from another authority-granting agency such as the Conservation Commission, Zoning Board of Appeals, Planning Board or Board of Health.
6. Applicants shall provide a photocopy of their Construction Supervisor's License, Home Improvement Contractor's Registration, Workman's Compensation Affidavit and copy of current Certificate of Liability Insurance.

#### PERMIT FEES

Effective August 21, 2017, the commercial building (All Others except 1 & 2 Family Dwellings) permit fee shall be calculated based upon the total projected building costs associated with the project as reflected in Section 12 of the building permit application at a rate of \$16 per \$1,000 of total projected cost. The minimum permit fee shall be \$100. All projects requiring plan review shall be assessed an additional plan review fee (\$50).



**City of Lynn Massachusetts**  
 Inspectional Services Department  
 Massachusetts State Building Code, 780 CMR  
**1 & 2 Family Building Permit Application**

*Approval Stamp*

**This Section For Official Use Only**

Building Permit Number: BP-\_\_\_\_\_ Project Number: JS- \_\_\_\_\_

\_\_\_\_\_  
 Building Official (Print Name) Signature Date

**SECTION 1: SITE INFORMATION**

<b>1.1 Property Address:</b> _____	<b>1.2 Assessors Map &amp; Parcel Numbers</b> _____
1.1a Is this an accepted street? yes_____ no_____	Map Number Block Number Lot Number
<b>1.3 Zoning Information:</b> _____	<b>1.4 Property Dimensions:</b> _____
Zoning District Proposed Use Ward	Lot Area (sq ft) Frontage (ft)

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
			L R		

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

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner of Record:**

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

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

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ based upon: <input type="checkbox"/> Minimum Permit Fee (\$50.00) <input type="checkbox"/> Valuation: (Item 1) x 14 / 1000 = _____ 2. Other Fees: <input type="checkbox"/> Plan Review (\$25.00) <input type="checkbox"/> Dumpster (\$50.00) <input type="checkbox"/> Fire (10%) 3. 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	\$ _____	
<b>7. 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) \_\_\_\_\_

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

**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

**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/Authorised Agent's 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.

\_\_\_\_\_  
Print Owner's or Authorized Agent's Name (Electronic Signature)

\_\_\_\_\_  
Date

**NOTES:**

- 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)
- When substantial work is planned, provide the information below:  

Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	<input type="checkbox"/> Enclosed <input type="checkbox"/> Open



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 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 #: \_\_\_\_\_





# CITY OF LYNN

## INSPECTIONAL SERVICES DEPARTMENT

Room 103, Lynn City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

### HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, \_\_\_\_\_ (full legal name), born \_\_\_\_\_ (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.
2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.
3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a home owner.

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.
5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_