


You may download the Building Permit application from the form file. All permits must be turned in, in person with plans to the Building Department.

We do not except permits by E-mail.

All pages must be filled out and signed. If you are a homeowner there is a place for you to check off homeowner, and sign. If you are a contractor, the homeowner must sign in two places on Building Permit or you must have a signed contract by the homeowner.

Fee is to be paid after permit is typed out and issued.

 <p><b>Town of Hull</b>                  253 Atlantic Avenue                  Hull, Mass. 02045                  Tel. 781-925-1330                  Fax. 781-925-2228</p>	
<b>APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING</b>	

<b>This Section For Official Use Only</b>	
Building Permit Number: _____	Date Issued: _____
Signature: _____ Building Commissioner/Inspector of Buildings <span style="float: right;">Date</span>	

<b>SECTION 1 - SITE INFORMATION</b>					
1.1 Property Address: _____ _____			1.2 Assessors Map & Parcel Number: _____ Map Number _____ Parcel Number _____		
1.3 Zoning Information: Zoning District _____ Proposed Use _____			1.4 Property Dimensions: _____ Lot Area (sf) _____ Frontage (ft) _____		
<b>1.6 Building Setbacks (ft)</b>					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		
1.7 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.5 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

<b>SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT</b>	
<b>2.1 Owner of Record:</b>	
Name (Print) _____	Address for Service: _____
Signature _____	Telephone _____
<b>2.2 Authorized Agent:</b>	
Name (Print) _____	Address for Service: _____
Signature _____	Telephone _____

<b>SECTION 3 - CONSTRUCTION SERVICES</b>	
<b>3.1 Licensed Construction Supervisor:</b>	Not Applicable <input type="checkbox"/>
Licensed Construction Supervisor: _____	License Number _____
Address _____	Expiration Date _____
Signature _____ Telephone _____	
<b>3.2 Registered Home Improvement Contractor:</b>	Not Applicable <input type="checkbox"/>
Company Name _____	Registration Number _____
Address _____	Expiration Date _____
Signature _____ Telephone _____	

THE MASSACHUSETTS STATE BUILDING CODE

**SECTION 4 - 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 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)**

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

Brief Description of Proposed Work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		1. Building	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

**SECTION 7a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS 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/AUTHORIZED AGENT DECLARATION**

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 belief.

Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_

Signature of Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_

Suggested Affidavit for Home Improvement Contractor Permit Application

TOWN OF HULL

AFFIDAVIT  
Home Improvement Contractor Law  
Supplement to Permit Application

MGLc. 142A ” requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing over-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building” be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

I hereby certify that:

Registration is not required for the following reason(s):

- \_\_\_\_\_ Work excluded by law
- \_\_\_\_\_ Job under \$1,000.00
- \_\_\_\_\_ Building not owner-occupied
- \_\_\_\_\_ Owner pulling own permit
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Notice is hereby given that:

**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.**

Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date	Contractor Name	Registration No.
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OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date	Owner Name
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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:**

- 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 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.  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):**

- 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 #: \_\_\_\_\_



# Town of Hull

**BUILDING DEPARTMENT**  
TEL: (781) 925-1330  
FAX: (781) 925-2228

**253 ATLANTIC AVE**  
HULL, MASSACHUSETTS 02045

## HOMEOWNER LICENSE EXEMPTION

DATE \_\_\_\_\_

JOB LOCATION \_\_\_\_\_  
Number Street Address

“HOMEOWNER” \_\_\_\_\_  
Name Home Phone Work Phone

PRESENT MAILING ADDRESS \_\_\_\_\_  
City/Town State Zip Code

### DEFINITION OF HOMEOWNER:

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 structure. A person who constructs more than one home in a two-year period shall not be considered a homeowner. Such “homeowner” shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 108.3.5.1)

The undersigned “homeowner” assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the Town of Hull Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER’S SIGNATURE \_\_\_\_\_

APPROVAL OF BUILDING OFFICIAL \_\_\_\_\_



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## DEMOLITION DEBRIS DISPOSAL AFFIDAVIT

Pursuant to MGL Chapter 40, Section 54 I hereby certify that the debris resulting from the proposed demolition work to be conducted at:

\_\_\_\_\_

Is to be disposed of at the following location(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Said disposal site shall be a licensed solid waste facility as defined by MGL. Chapter 111, Section 150a.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Permit No.

## Wetlands Protection Act Permit Review

Complete this form and bring it to the Conservation Office. If no one is in the office you can leave this form under the door. The Conservation Administrator will determine whether your project needs a permit under the Wetlands Protection Act. The Conservation Administrator will return this form to the Building Department:

- a) when it is determined that the Wetlands Protection Act does not apply, or
- b) when the appropriate permit application has been filed with the Conservation Administrator.

The Conservation Administrator will notify you if your project requires a Wetlands Protection Act permit. If you have any questions, contact Conservation Administrator Anne Herbst at 781-925-8102.

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

Phone # \_\_\_\_\_

Project Location \_\_\_\_\_

Project Description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

do not write below this line

.....  
\_\_\_\_\_ This project, as described above, does not require a Wetlands Protection Act permit.

\_\_\_\_\_ This project, as described above, does require a Wetlands Protection Act permit.

\_\_\_\_\_ An application for a Wetlands Protection Act permit was received on \_\_\_\_\_.

Signature \_\_\_\_\_  
Conservation Administrator

Stamp: