

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.

Building Permit Application

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

APPENDIX B

 <p>Town of Hull 253 Atlantic Avenue Hull, Mass. 02045 Tel. 781-925-1330 Fax. 781-925-2228</p>	FOR MUNICIPALITY USE
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING	

This Section For Official Use Only	
Building Permit Number: _____	Date Issued: _____
Signature: _____	
Building Commissioner/Inspector of Buildings	Date

SECTION 1 - SITE INFORMATION					
1.1 Property Address: _____ _____			1.2 Assessors Map & Parcel Number: _____ _____		
1.3 Zoning Information: Zoning District _____ Proposed Use _____			1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____		
1.6 Building Setbacks (ft)					
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"/>	

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

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE	
3.1 Licensed Construction Supervisor: Licensed Construction Supervisor: _____ Address: _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> License Number _____ Expiration Date _____
3.2 Registered Home Improvement Contractor: Company Name _____ Address: _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> Registration Number _____ Expiration Date _____

Section 4 - Workers Compensation Insurance Affidavit (M.G.L. c. 152 S 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 - Professional Design and Construction Services - for Buildings and Structures Subject to Construction Control Pursuant to 780 CMR 116 (containing more than 35,000 c.f. of enclosed space)

5.1 Registered Architect:

Name (Registrant):	Not Applicable
Address	Registration Number
signature _____ Telephone _____	Expiration Date

5.2 Registered Professional Engineer(s)

Name	Area of responsibility
Address	Registration number
Signature _____ Telephone _____	Expiration Date

Name	Area of responsibility
Address	Registration number
Signature _____ Telephone _____	Expiration Date

Name	Area of responsibility
Address	Registration number
Signature _____ Telephone _____	Expiration Date

Name	Area of responsibility
Address	Registration number
Signature _____ Telephone _____	Expiration Date

5.3 General Contractor

Company Name	Not Applicable
Responsible in Charge of Construction	
Address	
Signature _____ Telephone _____	

✓

Section 6 - Description of Proposed Work (check all applicable)

New construction	Existing Building	Repair(s)	Alterations	Addition
Accessory Bldg.	Demolition	Other	Specify:	

Brief Description of Proposed Work:

Section 7 - Use Group and Construction

Use Group (Check as applicable)

A ASSEMBLY	A-1	A-2	A-3	1A	
	A-4	A-5		1B	
B BUSINESS				2A	
E EDUCATIONAL				2B	
F FACTORY	F-1	F-2		2C	
H HIGH HAZARD				3A	
I INSTITUTIONAL	I-1	I-2	I-3	3B	
M MERCANTILE				4	
R RESIDENTIAL	R-1	R-2		5A	
S STORAGE	S-1	S-2	R-3	5B	
U UTILITY		SPECIFY: _____			
M MIXED USE		SPECIFY: _____			
S SPECIAL USE		SPECIFY: _____			

Complete this section if existing building undergoing renovations, additions and/or change in use.

Existing Use Group: _____ Proposed Use Group: _____

Existing Hazard Index 780 CMR 34 _____ Proposed Hazard Index 780 CMR 34 _____

Section 8 Building Height and Area

Building Area	Existing (if applicable)	Proposed
Number of floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780CMR 110.11)

Independent Structural Engineering Structural Peer Review Required Yes..... No.....

SECTION 10a 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 10b - 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

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

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

Suggested Affidavit for Home Improvement Contractor Permit Application

For Office Use Only

NAME OF CITY/TOWN

Permit No. _____

Hull

Date _____

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-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
- 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.

OR:

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

_____ Date Owner Name



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 #: _____

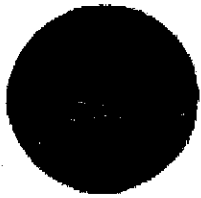
Official use only. Do not write in this area, to be completed by city or town official.

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 #: _____



Town of Hull

BUILDING DEPARTMENT

TEL: (781) 925-1330

FAX: (781) 925-2228

253 ATLANTIC AVE

HULL, MASSACHUSETTS 02045

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: