

Town of Barnstable Building Department

Brian Florence, CBO
Building Commissioner
200 Main Street, Hyannis, MA 02601
www.town.barnstable.ma.us

*Permit # _____
Expires 6 months from issue date
Fee _____

Office: 508-862-4038

Fax: 508-790-6230

EXPRESS PERMIT APPLICATION - RESIDENTIAL ONLY

Not Valid without Red X-Press Imprint

Map/parcel Number _____

Property Address _____

Residential Value of Work \$ _____ **Minimum fee of \$35.00 for work under \$6000.00**

Owner's Name & Address _____

Contractor's Name _____ Telephone Number _____

Home Improvement Contractor License # (if applicable) _____ Email: _____

Construction Supervisor's License # (if applicable) _____

Workman's Compensation Insurance

Check one:

I am a sole proprietor

I am the Homeowner

I have Worker's Compensation Insurance

Insurance Company Name _____

Workman's Comp. Policy # _____

Copy of Insurance Compliance Certificate must accompany each permit.

Permit Request (check box)

Re-roof (**hurricane nailed**) (stripping old shingles) All construction debris will be taken to _____

Re-roof (**hurricane nailed**) (not stripping. Going over _____ existing layers of roof)

Re-side

Replacement Windows/doors/sliders. U-Value _____ (maximum .32) # of windows _____
of doors: _____

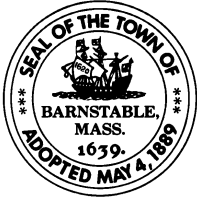
*Where required: Issuance of this permit does not exempt compliance with other town department regulations, i.e. Historic, Conservation, etc.

*****Note:**

Property Owner must sign **Property Owner Letter of Permission.**

A copy of the Home Improvement Contractors License & Construction Supervisors License is required.

SIGNATURE: _____



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**Property Owner Must
Complete and Sign This Section
If Using A Builder**

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 for:

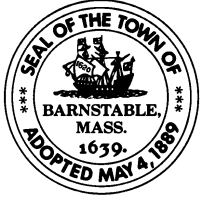
(Address of Job)

Signature of Owner

Date

Print Name

If Property Owner is applying for permit, please complete the Homeowners License Exemption Form on the reverse side.



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HOMEOWNER LICENSE EXEMPTION

Please Print

DATE: _____

JOB LOCATION: _____
 number street village

“HOMEOWNER”: _____
 name home phone # work phone #

CURRENT MAILING ADDRESS: _____

 city/town state zip code

The current exemption for “homeowners” was extended to include owner-occupied dwellings of six units or less and to allow homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor.

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 structures. 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 109.1.1)

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

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

Signature of Homeowner

Approval of Building Official

Note: Three-family dwellings containing 35,000 cubic feet or larger will be required to comply with the State Building Code Section 127.0 Construction Control.

HOMEOWNER’S EXEMPTION

The Code states that: “Any homeowner performing work for which a building permit is required shall be exempt from the provisions of this section (Section 109.1.1 - Licensing of construction Supervisors); provided that if the homeowner engages a person(s) for hire to do such work, that such Homeowner shall act as supervisor.”

Many homeowners who use this exemption are unaware that they are assuming the responsibilities of a supervisor (see Appendix Q, Rules & Regulations for Licensing Construction Supervisors, Section 2.15) This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons. In this case, our Board cannot proceed against the unlicensed person as it would with a licensed Supervisor. The homeowner acting as Supervisor is ultimately responsible.

To ensure that the homeowner is fully aware of his/her responsibilities, many communities require, as part of the permit application, that the homeowner certify that he/she understands the responsibilities of a Supervisor. On the last page this issue is a form currently used by several towns. You may care to amend and adopt such a form/certification for use in your community.



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 a 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 #: _____