

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner:

Name (Print)	No. and Street	City/Town	Zip
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Signature	(Telephone No. (business))	Telephone No. (cell)	e-mail address
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If applicable, the property owner hereby authorizes

Name	Street Address	City/Town	State	Zip
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 to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.
SECTION 10: CONSTRUCTION CONTROL(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then **check here** and skip Section 10.1)**10.1 Registered Professional Responsible for Construction Control**

Name (Registrant)	Telephone No.	e-mail address	Registration Number	
Street Address	City/Town	State	Zip	Discipline Expiration Date

10.2 General Contractor

Company Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business)	Telephone No. (cell)	e-mail address
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SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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. Is a signed Affidavit submitted with this application? **Yes** **No**

SECTION 12: SIGNATURE OF BUILDING PERMIT APPLICANT

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.

Please print and sign name	Title	Telephone No.	Date
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Street Address	City/Town	State	Zip
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SECTION 13: CONSTRUCTION COSTS AND PERMIT FEE

ESTIMATED CONSTRUCTION COST: (Rounded up to nearest thousand) \$ _____

(Excluding Plumbing, Electric, Sheet Metal and Mechanical)

This section for Official Use Only

Permit Fee:	Micro-film Fee:	Total Fee:	Receipt #:
Date Received:	Received By:	Permit #:	
ISSUED BY:		Approved Date:	