

Town of Orleans Express Permit

Construction Address: _____
{ } Residential { } Commercial * { } Old Kings Highway Historic District *

Any work that will change the appearance of the structure will require the approval of the Architectural Review Committee (commercial only) or the Old Kings Highway Historic District Commission before a permit will issue.

Owner: _____
Name Address Tel. #

Contractor: _____
Name Address Tel. #

Construction Supervisor Lic. # _____ Home Improvement reg. # _____

Work to be performed:

- Same size replacement windows # _____ U value _____ (max. 0-.44)
(Please note that some units may need Safety glazing, per MSBC 780 CMR 3603.20.4)
- Same size replacement doors # _____
- Siding # of Squares _____
- Re-roof. # of Squares _____
 stripping old shingles going over # _____ layers of existing roof
- insulation sq. ft. _____ R value _____ Location _____ Type of _____
- Fences greater than six feet # _____ lin. Ft. Height of Fence _____
(Fences greater than or equal to seven feet in height must be its height away from the property line.) *

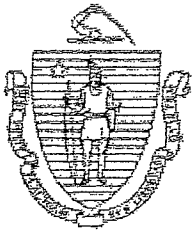
Estimated value of the work to be performed \$ _____

The debris will be legally disposed of at: _____

Applicant's signature: _____ Date _____

Owner authorization (required): _____ Date _____

Fee for the above work: \$40.00 for each category of work per structure
\$50 for insulation[]



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 #: _____

<p>Are you an employer? Check the appropriate box:</p>		<p>Type of project (required):</p>
<p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</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>6. <input type="checkbox"/> New construction</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>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>	<p>7. <input type="checkbox"/> Remodeling</p>
<p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p>		<p>8. <input type="checkbox"/> Demolition</p>
		<p>9. <input type="checkbox"/> Building addition</p>
		<p>10. <input type="checkbox"/> Electrical repairs or additions</p>
		<p>11. <input type="checkbox"/> Plumbing repairs or additions</p>
		<p>12. <input type="checkbox"/> Roof repairs</p>
		<p>13. <input type="checkbox"/> Other _____</p>

*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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p>	
<p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p>	
<p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>