



TOWN OF AQUINNAH

FULL OR PARTIAL DEMOLITION PERMITTING REQUIREMENTS

Prior to signing off and approving any **demolition*** permit application, the Building Department and the Board of Health must be assured that any and all **hazardous materials*** have been identified and removed in accordance with local and state regulations and the existing septic system and/or well has been abandoned (if applicable).

***Hazardous Materials**

A. Asbestos can be present within older vinyl floor tiles, exterior type shingles (not roof type), and/or older, insulated heating units/pipes (fibrous coating). Due to this, proof of an asbestos survey must be submitted on every proposed unit, house, building, etc. demolition prior to demo permit sign-off. Asbestos, if confirmed, must be removed by a properly licensed asbestos abatement contractor as per MA Department of Environmental Protection's Asbestos Regulations.

B. Mercury Switches in thermostats (round Honeywell type), heating furnaces, boilers, etc. All mercury switches must be removed and disposed of properly as they can NOT go in to the trash. They must be disposed of properly at hazardous waste sites/days.

C. Home Heating Oil Tanks (*above or below grade*); All above and below ground, home heating/fuel-oil tanks must be emptied, opened and cleaned out, and ready for disposal. Below grade home heating/fuel-oil or hazardous material storage tanks must be "abandoned" in accordance with all state and local regulations.

D. Any significant quantities of hazardous materials as defined by our local storage regulations. All other potential hazardous chemicals present must be identified and disposed of in accordance with all local, state and federal regulations.

***DEMOLITION** means any operation which involves the wrecking, taking out, removal, stripping, or replacement of building materials or insulation. This term includes load and non-load supporting structural members of a structure.

For more information log on to the websites of The Department of Environmental Protection (DEP) @ www.mass.gov/dep and/or The Environmental Protection Agency (EPA) @ www.epa.gov.

TOWN OF AQUINNAH
APPLICATION FOR FULL OR PARTIAL DEMOLITION



This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name)

Signature

Date

Board Of Health Agent (Print Name)

Signature

Date

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

1.3 Zoning Information:

Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DEMOLITION

Full: ☐ Partial ☐

Brief Description of Proposed Work: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

7. Total Project Cost:

\$ _____

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**_____
Name of CSL Holder_____
No. and Street_____
City/Town, State, ZIP_____
Telephone_____
Email address_____
License Number_____
Expiration Date

List CSL Type (see below) _____

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

5.2 Registered Home Improvement Contractor (HIC)_____
HIC Company Name or HIC Registrant Name_____
No. and Street_____
City/Town, State, ZIP_____
Telephone_____
HIC Registration Number_____
Expiration Date_____
Email address**SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN
OWNER'S 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.

Print Owner's Name (Electronic Signature)_____
Date**SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION**

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.

Print Owner's or Authorized Agent's Name (Electronic Signature)_____
Date**SECTION 8: NOTES**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

Section 9: Debris Disposal Affidavit

DEMOLITION SITE ADDRESS _____
DISPOSAL/DUMPSTER FIRM _____
CONSTRUCTION SITE ADDRESS _____
SIGNATURE OF PERMIT APPLICANT _____
DATE _____

Section 10: Workers' Compensation Affidavit

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. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* | 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.† |
| 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.] | 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [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 #: _____