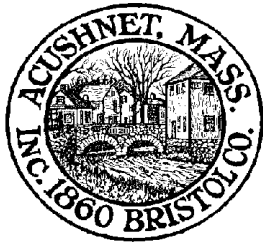


Tax Collector: _____



TOWN OF ACUSHNET
130 MAIN STREET
ACUSHNET, MA 02743

PERMIT #: _____

FEE : \$50.00

BUILDING DEPARTMENT

INSULATION / GENERAL WEATHERIZATION PERMIT

PROJECT LOCATION: _____

OWNER: _____

ADDRESS: _____
STREET

TOWN STATE ZIP

INSULATION/GENERAL WEATHERIZATION:

TYPE OF MATERIAL: _____

BRIEF DESCRIPTION OF WORK: _____

CONDITIONS OF PERMIT:

- ✓ **Smoke and CO recognition form must be filled out and returned to office**

OWNER SIGNATURE

DATE

CONTRACTOR SIGNATURE

DATE

Building Commissioner / Zoning Enforcement Office

DATE

HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(FOR RESIDENTIAL USE ONLY)

M.G.L. 142A REQUIRES THAT THE RECONSTRUCTION, IMPROVEMENT, REMOVAL, DEMOLITION OR CONSTRUCTION OF AN ADDITION TO ANY PRE-EXISTING OWNER OCCUPIED BUILDING FOR NO MORE THAN TWO DWELLING UNITS BE CONDUCTED BY REGISTERED CONTRACTORS.

TYPE OF WORK: _____

ESTIMATED COST OF WORK: _____

I HEREBY CERTIFY THAT REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASONS;

_____ WORK EXCLUDED _____ JOB UNDER \$1,000.00

NOTICE IS HEREBY GIVEN THAT OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK **DO NOT** HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND.

SIGNED UNDER PENALTIES OF PERJURY, I HEREBY APPLY FOR A PERMIT AS AGENT OF THE OWNER.

DATE: _____ CONTRACTOR: _____ LICENSE #: _____

NOT WITHSTANDING THE ABOVE NOTICE; I HEREBY APPLY FOR A PERMIT AS THE OWNER OF THE PROPERTY.

DATE: _____ OWNER: _____

DISPOSAL OF CONSTRUCTION DEBRIS

IN ACCORDANCE WITH PROVISIONS OF M.G.L.C40 S54, DEBRIS RESULTING FROM THIS WORK SHALL BE DISPOSED OF IN A PROPERLY LICENSED FACILITY.

THE DEBRIS WILL BE DISPOSED OF IN _____

WORKERS COMPENSATION INSURANCE AFFIDAVIT

APPLICANT'S INFORMATION (PLEASE PRINT LEGIBLY)

NAME: _____

ADDRESS: _____

- ☐ I AM AN EMPLOYER WITH _____ EMPLOYEES
- ☐ I AM A SOLE PROPRIETER OR PARTNERSHIP
- ☐ I AM A GENERAL CONTRACTOR, I HAVE HIRED SUB-CONTRACTORS.
- ☐ I AM A HOMEOWNER DOING ALL WORK MYSELF
- ☐ WE ARE A CORPORATION AND HAVE NO EMPLOYEES

INSURANCE COMPANY: _____ POLICY #: _____

I UNDERSTAND THAT A COPY OF THIS APPLICATION MAY BE FORWARDED TO THE DEPARTMENT OF INDUSTRIAL ACCIDENTS.

SIGNATURE OF APPLICANT: _____ DATE: _____

OWNERS INSURANCE WAIVER (*only if applicable*): I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement.

Signature: _____ CHECK ONE: ☐ owner ☐ owner's agent