

Note: For information purposes only. All permits to be filed online through Open Gov Portal: <https://devensec.portal.opengov.com/categories/1071>

DEVENS ENTERPRISE COMMISSION
33 Andrews Parkway
Devens, MA 01434

P. 978-772-8831 F. 978-772-1529

BUILDING PERMIT APPLICATION

PERMIT NO. _____

DEC No. _____

APPLICATION DATE: _____

FEE _____
(\$13./\$1,000. of value up to \$1 million
\$11./\$1,000. of value after \$1 million
Minimum fee: \$50.00)

Note: The Devens Building Commissioner is available Wednesday from 10 AM to 12 PM. To avoid delays in processing your application, submit all required information together. Incomplete application packages cannot be processed. Fill out application form completely and legibly. **Please contact Devens FD directly to arrange Fire Alarm and Sprinkler Plan Review at 978-772-4600.**

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ESTIMATED COST OF CONSTRUCTION _____

OWNER _____

BUILDER _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

PHONE _____

PHONE _____

FAX _____

FAX _____

OWNER SIGNATURE _____

CONST. SUPER. LIC. NO. _____

HIC REGISTRATION _____

NOTE: A photocopy of your "CONSTRUCTION SUPERVISORS LICENSE" along with 'PHOTO IDENTIFICATION' are required at the time you file this application.

JOB SITE / LOCATION / STREET _____

LOT SIZE / TOTAL PARCEL _____ MAP/BLOCK/LOT _____

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SCOPE OF WORK (pick the one which best fits your project)

_____ New Construction _____ Renovations / Additions / Repairs

_____ Roofing _____ Other (Explain)

Is this building located in the Historic District? Yes _____ No _____

Please provide details of work to be performed (including square footage):

BUILDING PERMIT APPLICATION (continued)

TRASH DISPOSAL AFFIDAVIT

As a result of the provisions of MGL "C40, S54", I acknowledge that as a condition of the BUILDING PERMIT, all debris resulting from the construction activity governed by the BUILDING PERMIT shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL "C 111, S 150a". Disposal at a licensed Construction & Demolition Debris Recycling Facility is the preferred method of disposal.

I certify that I will notify the Inspector of Buildings by _____ (max. of 2 months) of the location of the solid waste disposal facility where the debris resulting from said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

DATE

SIGNATURE OF PERMIT APPLICANT

PRINT THE FOLLOWING INFORMATION

NAME OF PERMIT APPLICANT

NAME OF WASTE REMOVAL COMPANY

FIRM NAME (IF ANY)

ADDRESS

ADDRESS

TOWN, STATE, ZIP CODE

TOWN, STATE, ZIP CODE

PHONE NUMBER AND AREA CODE

SOIL MANAGEMENT

Is soil being disturbed as part of this project?

_____ YES

_____ NO

If YES – As Devens is a former active military installation, it is possible that Unexploded Ordinance (UXO) or Munitions of Explosive Concern (MEC) and environmental contaminants may exist and/or be encountered at Devens. Prior to commencing any intrusive earth work within Devens, all personnel to be on-site shall comply with the requirements of MassDevelopment's Devens Soil Management Policy as amended. As per the Devens Soil Management Policy, MassDevelopment is required to provide UXO/MEC training. Applicants shall contact the Devens Public Safety Officer to coordinate training.

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

NAME _____

LOCATION _____

TOWN _____ PHONE NO. _____

_____ I am the property owner and will be performing all work myself.

_____ I am a sole proprietor and have no one working for me in any capacity.

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_____ I am an employer providing workers' compensation for my employees working on this job.

COMPANY NAME _____

BUSINESS ADDRESS _____

TOWN, STATE, ZIP _____ PHONE NO. _____

INSURANCE CO. _____ POLICY NO. _____

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_____ I am a sole proprietor, general contractor, or property owner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

COMPANY NAME _____

BUSINESS ADDRESS _____

TOWN, STATE, ZIP _____ PHONE NO. _____

INSURANCE CO. _____ POLICY NO. _____

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COMPANY NAME _____

BUSINESS ADDRESS _____

TOWN, STATE, ZIP _____ PHONE NO. _____

INSURANCE CO. _____ POLICY NO. _____

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Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and /or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the office of investigation of the DIA for coverage verification.

I do hereby certify under pains and penalties of perjury that the information provided above is true and correct.

SIGNATURE _____ DATE _____

PRINT NAME _____ PHONE NO. _____

DO NOT WRITE IN THIS SPACE, FOR OFFICE USE ONLY

Fire Official: _____

DEC Staff: _____

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IDENTIFICATION OF APPLICANT

NAME _____

MAILING ADDRESS _____

TOWN, STATE, ZIP CODE _____

PHONE NUMBER AND AREA CODE _____

I hereby certify that the proposed work is authorized by the owner of recorded, and that I have been authorized by the owner to make this application as his / hers authorized agent. We agree to conform to all applicable Devens By-Laws, State Building Codes, and other restrictions / requirements from authorized agencies. I also certify that the information on this application is correct.

SIGNATURE OF APPLICANT

DATE