



TOWN OF CONCORD

Building Department
978-318-3280
978-318-3281 (fax)

Building Permit Application for
ROOFING, SIDING, DOORS AND WINDOWS
One- or Two-Family Dwelling



141 Keyes Rd., Concord MA 01742

This Section For Official Use Only

Date Accepted: _____ Fee: \$ _____ cash check Permit Number: _____
(Permit fees are nonrefundable)

Approved for issuance:

Building Official (Print Name) _____ Signature _____ Date _____

1 SITE INFORMATION

Property Address: _____ Parcel # _____ Lot # _____ Zoning District _____

Is this home in a historic district? Yes No If yes, attach historic commission approval certificate, or if replacing in kind check here

2 PROPERTY OWNERSHIP

Owner of Record:

Name (Print) _____ Telephone No. _____ Cell No. _____

Mailing Address _____

3 DESCRIPTION OF PROPOSED WORK (check all that apply)

ROOFING: Entire roof Partial location _____ Strip & re-roof Roof over existing (max 2 layers)

SIDING: Type of siding _____ Will insulation be installed under the siding? Yes No

WINDOWS: Replacement # _____ New # _____ u. value .30 or less Tempered glass required? Yes No - Tempered glass is required as per IRC 2009 §308.4 Hazardous locations. Window fall prevention as per IRC 2009 § 612.2 Yes No

DOORS: Replacement # _____ New # _____

WASTE DISPOSAL: Company _____ Disposal site location _____
Phone _____ Dumpster permits are required from the Fire Dept. (209 Walden St.) for on-site dumpsters.

CONSTRUCTION VALUE: \$ _____ (Permit fee is 1.2% of the construction value, however minimum fee is \$30.00)

4 CONSTRUCTION SERVICES

Homeowner permit
Registered Home Improvement Contractor (HIC)-Attach copy of registration
HIC Company Name or HIC Registrant Name _____
HIC#: _____ Expiration: _____

Construction Supervisor License (CSL)-Attach copy of license
Contractor: _____
Address _____ City/Town _____ State _____ Zip _____
License # _____ Expiration _____
Phone: _____
Office# _____ Cell# _____

5 WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))

Homeowner permit. →
 Sole proprietor or partnership and have no employees. →
 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' compensation insurance is required.

I am an employer with _____ employees (full and/or part-time). →
 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. →

Workers' comp. insurance is required.
 Please submit, or fax insurance certificate (fax 978-318-3281).

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

 Signature Date

6 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. A signed copy of the contract containing the property owner's signature may be submitted to satisfy this requirement.

Print Owner's Name Owner's Signature Date

7 OWNER 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 Signature Date

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

Homeowner Waiver:

Owners securing their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL C142A. If you wish to waive your rights to file a claim under the arbitration program or guaranty fund, then sign here. Otherwise, have the contractor complete the information above in section 4.

Owner name: Please Print Owner Signature

RECORD OF INSPECTION(S)

ROOFING	SIDING	WINDOWS	DOORS
<input type="checkbox"/> Final inspection _____ Date Inspector	<input type="checkbox"/> Insulation inspection _____ Date Inspector <input type="checkbox"/> Final inspection _____ Date Inspector	Do not remover the stickers on the windows until inspected. <input type="checkbox"/> Framing inspection _____ Date Inspector <input type="checkbox"/> Final inspection _____ Date Inspector	<input type="checkbox"/> Framing inspection _____ Date Inspector <input type="checkbox"/> Final inspection _____ Date Inspector



TOWN OF CONCORD

BUILDING INSPECTIONS DIVISION

APPLICATION SIGN-OFF SHEET



It is the applicant's responsibility to obtain departmental signatures. A member of the following departments must review and approve any proposed work for which a building permit is sought.

*****This completed form must accompany every building or demo permit application.*****

Project Address: _____

Property Owner(s): _____

Proposed Project: _____

Project includes demolition of a structure greater than 250 s.f. **OR** construction of a building or structure **OR** construction of an addition that increases the Gross Floor Area of a structure by 50% or greater? Yes No
 Are there protected trees within the required setback areas? Yes No

TAX COLLECTOR (Town House, 22 Monument Square, 978-318-3050):

Rev. 2/7/2020

**Valid for one month from the date of the Tax Collector's sign-off.*

Approved Denied Tax-exempt Comments: _____

Signature & Title: _____ Date: * _____

NATURAL RESOURCES (141 Keyes Road, 1st Floor, 978-318-3285):

Approved Denied N/A Comments: _____

Signature & Title: _____ Date: _____

PLANNING DIVISION (141 Keyes Road, 1st Floor, 978-318-3290):

Historical Commission: Was the building built before 1941? Yes No AYB: _____

Demolition Review Application required? Yes No Comments: _____

Historic Districts Commission: Needs HDC Review and Approval Approved (Cert. #: _____)

Replacement In-Kind Not Visible from Public Way Not located in a Local Historic District

Signature & Title: _____ Date: _____

Comments: _____

Planning Division review and certification of submitted plans required per COA? Yes No

Planning Division inspection and confirmation of completed work required per COA? Yes No

Tree Preservation Bylaw:

Bylaw Triggered: Yes No

If Yes: Approved Tree Permit attached and mitigation fee received if applicable. **OR** Absence of Protected Trees Affidavit attached

Approved Tree Permit issued with Demo Permit

Signature & Title: _____ Date: _____

Please note: Board of Health septic/sewer review required before application is made for any building permit – use Form C for septic, and Form S for sewer.



TOWN OF CONCORD

BUILDING DEPARTMENT AND ZONING ENFORCEMENT
141 KEYES ROAD
CONCORD, MASSACHUSETTS 01742
(978) 318-3280

COVID-19 CONSTRUCTION CERTIFICATION FORM

This completed form must accompany every Building or Demo permit application for 1 – 3 Family construction.

Company Name _____

Company Mailing Address _____

Company Email _____

Job Address _____

Phone # _____

By signing below I certify that I understand and will follow the requirements of the MA Covid-19 checklist for Construction. I have visited <https://www.mass.gov/covid-19-guidelines-and-procedures-for-all-construction-sites-and-workers-at-all-public-work> and <https://www.mass.gov/info-details/safety-standards-and-checklist-construction> and am familiar with all the requirements related to construction projects.

The COVID -19 officer shall certify that the contractor and all subcontractors are in full compliance with these guidelines.

Name of COVID -19 Officer _____

Any issuance of non-compliance with these guidelines shall be basis for the suspension of work. The contractor will be required to submit a corrective action plan detailing each issue of non-conformance and a plan to rectify the issue(s).

Signature: _____

Print Signature: _____

Date: _____