



The Commonwealth of Massachusetts  
 Board of Building Regulations and Standards  
 Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition  
 Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

Town of Reading  
 Building Dept.  
 16 Lowell Street  
 Reading MA 01867  
 781-942-6613

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Signature: \_\_\_\_\_  
 Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: \_\_\_\_\_ 1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_ Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.3 Zoning Information: \_\_\_\_\_ 1.4 Property Dimensions:

Zoning District: \_\_\_\_\_ Proposed Use \_\_\_\_\_ Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

1.5 Building Setbacks (ft)

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

1.6 Water Supply: (M.G.L c. 40, § 54) Public  Private  1.7 Flood Zone Information: Zone: \_\_\_\_\_ Outside Flood Zone? Check if yes  1.8 Sewage Disposal System: Municipal  On site disposal system

SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

2.1 Owner<sup>1</sup> of Record:

Name (Print) \_\_\_\_\_ Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

Conservation Approval Required

Yes  No

Signature: \_\_\_\_\_

Dumpster Permit Required

- Will there be a dumpster at the work site:  Yes  No  
 - Dumpster Permit Applied for on \_\_\_\_\_

Allow 14 days minimum  
 for issuance of a Building Permit  
 (providing application is complete and  
 acceptable to the Builder Inspector)

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**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.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name \_\_\_\_\_

Signature of Owner or Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

**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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

2. When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (Sq. Ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

**ROOFING & SIDING JOBS MUST ANSWER THE FOLLOWING:**

Number of squares: \_\_\_\_\_

(Total roof coverage cannot exceed 2 layers: 780 CMR 3609.10.3)



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 #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |   |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</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>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</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>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> |
|--|---|

**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 #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



**GLEN REDMOND  
COMMISSIONER OF BUILDINGS**

Town Hall, 16 Lowell Street, Reading, MA 01867-2683  
Phone: 781-942-9013 Fax: 781-942-9071  
Daily Office Hours: Monday through Friday: 7:30 – 8:30 AM  
Mon – Wed – Fri: 12:30 – 1:30 PM

**Building Permit Affidavit – Home Improvement Contractor Law**

***Notice is hereby given that homeowners applying for their own Building Permit or dealing with unregistered contractors for applicable home improvement work do not have access to the Arbitration Program or Guaranty Fund under Massachusetts General Laws (MGL) C.142.***

The Massachusetts State Building Code 780 CMR: Licensing of Construction Supervisors; 108.3.5 – Except for those structures governed by Construction Control in 780 CMR 116.0, effective July 1, 1982, no individual shall be engaged in directly supervising persons engaged in construction, reconstruction, alterations, repair, removal, or demolition involving an activity regulated by any provision of 780 CMR, unless said individual is licensed in accordance to the Rules and Regulations for Licensing Construction Supervisors as set forth in 780 CMR R5.

No person shall be engaged in the supervision of the field erection of a manufactured building unless such person is licensed in accordance with 780 CMR R5: The Rules and Regulations for the Licensing of Construction.

Exception: Any homeowner performing work for which a Building Permit is required shall be exempt from the licensing provisions of CMR 780 108.3.5, provided that if a homeowner engages a person(s) for hire to do such work, that such homeowner shall act as supervisor. The exception shall not apply to the field erection of a manufactured building constructed pursuant to 780 CMR 35 and 780 CMR R3.

108.3.5.2 Exemptions from Construction Supervisors License Requirement: A Construction Supervisor's License is not required for roofing, siding, erection of rooftop solar collectors, construction of swimming pools, the erection of signs, installation of replacement windows not involving structural modifications, or the erection of tents.

108.3.5.3 No municipality shall be prohibited from requiring a license for those individuals:

MGL C. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

780 CMR (State Board of Building Regulations and Standards) 108.3.6 Registration of Home Improvement Contractors: In accordance with the provisions of MGL C. 142A, no home improvement contractor, or organization or firm shall be involved in the improvement of any existing owner occupied one to four family residential building unless said Home Improvement Contractor has registered with the BBRS in accordance with the rules and regulations of Home Improvement Contractors as set forth in 780 CMR R6:

JOB DESCRIPTION: \_\_\_\_\_ ESTIMATED COST: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**HAVING READ THE ABOVE NOTICE, I HEREBY APPLY FOR A BUILDING PERMIT AS THE OWNER OF THE ABOVE PROPERTY:**

\_\_\_\_\_  
HOMEOWNER SIGNATURE

\_\_\_\_\_  
DATE



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Phone: 781-942-9013 Fax: 781-942-9071  
Daily Office Hours: Monday through Friday: 7:30 – 8:30 AM  
Mon – Wed – Fri: 12:30 – 1:30 PM

**Construction Supervisor License Exemption for Homeowners**

Date \_\_\_\_\_

Homeowner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*Massachusetts State Building Code Section 108.3.5*

**Licensing of Construction Supervisors**

Except of those structures governed by Construction Control in 116.0 effective July 1, 1982 no individual shall be engaged in directly supervising persons engaged in construction, reconstruction, alteration, repair, removal or demolition involving the structural elements of building and structures, unless he/she is licensed in accordance with the rules and regulations promulgated by the BBRs, entitled Rules and Regulation for Licensing Construction Supervisors.

**Exception**

Any homeowner performing work for which a Building Permit is required shall be exempt from the provisions of this section, provided that if a homeowner engages a person(s) for hire to do such work, that such homeowner shall act as supervisor.

**For purposes of this section only, a "homeowner is defined as follows**

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is or is intended to be, a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner.

**The undersigned "homeowner" assumes full responsibility for compliance with the State Building Code, other applicable codes, by-laws, regulations and the Town of Reading Building Department inspection procedures and requirements.**

\_\_\_\_\_  
**Homeowner Signature**

\_\_\_\_\_  
**Date**

# 780 CMR 7<sup>th</sup> Edition Requirements for ALL 1 & 2 Family Projects

Per 5310.7, Construction Documents, the following are considered to be the **MINIMUM** documentation for **ALL** permit applications

**Please utilize the boxes on this checklist to assure completeness**

Scaled drawings & details shall be submitted with each application proposing construction, reconstruction, addition, alteration, demolition, or repair. The building official may waive the requirements for filing plans when the work involved is of a minor nature. Scaled drawings & details shall indicate & describe all proposed work, including location, size, grade & quality of materials & equipment to be used.

## **A.) SITE PLAN**

- Property address; map & lot number, zoning district & overlays (wetland, floodplain, etc.)
- Show well and septic locations (if applicable)
- Location of lot lines, dimensions of lot, frontage
- Location & dimensions of public easements, public utility easements, railroad right-of-ways, and established zoning setback requirements
- Location & dimensions of primary & accessory buildings & structures

## **B.) FLOOR PLANS**

- Floor plan of each floor and any intermediate levels including basements, crawlspaces, terraces, porches, garages, carports, and decks
- Dimensions, location & materials of foundations, footings, columns, beams & piers (include any reinforcing)
- Direction, dimensions, spacing, species & grade of all framing members (floors, roofs, wall, partitions)
- Location of all walls, partitions, windows, stairs & doors
- Location & description of all electrical equipment and alarm devices
- Location & type of all heating and air conditioning (HVAC) equipment

## **C.) EXTERIOR ELEVATIONS**

- Front, rear & side elevations including foundation depth and finish grades
- Location & dimensions of windows & doors (attach window/door schedule)
- Description of exterior cladding or siding material
- Show exterior stair locations & dimensions
- Show chimney and vent locations

## **D.) DETAILS & SECTIONS**

- Attach compliance paperwork for energy requirements: see **Chapter 61, Energy Efficiency & Section 6101.2 Compliance**. (showing compliance with one of the four methods)
- Sections through exterior walls showing details of construction from footing to the highest point of the building (see attached)
- Sections through shafts, landings & stairs- include framing details, tread, riser, headroom
- Describe location & dimensions of handrails & guardrails
- Sections through fireplaces & chimneys (show dimensions and clearances)
- Location & details of any roof trusses, glue-lam, or engineered lumber (include connection & bracing details and Mass. professionals stamp on specification sheet)

# CONTACT TIMES FOR INSPECTIONS

(NOTICE SHALL BE GIVEN 48 HOURS IN ADVANCE)

It shall be the responsibility of the permit holder (owner or contractor) to contact the inspector when the work has progressed to the point of needing an inspection.

- Excavation:** inspector to observe soil types: groundwater elevation, temporary shoring, site safety.
- Foundation:** inspector to observe location, size & shape, width, reinforcing, height of unbalanced fill, fireplace jog, ventilation, damp-proofing/waterproofing, foundation drainage, and *either* first floor framing in place *or* proper bracing before backfill
- Frame:** call after all framing is in place and the sub-trades have finished all cutting, drilling and notching. inspector to observe species & grade, spans, connections, cutting & notching; and fire-stopping ( after inspection and sign off from sub-trade inspectors)
- Sub-trade Inspections:** call appropriate inspector for individual inspections including, but not limited to: Plumbing, Gas, Electrical, Oil Burner, Fire Department, Health Department
- Fireplace/chimney:** call following completion of firebox , throat and first flue set (mandatory inspection point)
- Insulation:** after insulation is in place: inspector to observe insulation type, vapor barrier, and R-values
- Mechanical:** inspection of duct installation (for type and fastening), furnace plenum, hydronic piping, wood & pellet stoves, dryer vents, bath exhaust fans, heat pumps, etc.
- Finish:** call after sub-trade inspectors have signed for final approvals and building, or parts there of, are ready for occupancy and/or use

### Contact Telephone Numbers

Inspection Service	Inspectors Name	Contact Telephone Number
Building Inspection:		
Electrical Inspection:		
Gas Inspection:		
Plumbing Inspection:		
Oil Burner Inspection:		
Bd. of Health Inspection:		
Fire Department Inspection:		
Conservation Commission		
Dig Safe	www.digsafe.com	888-344-7233 (72 hours notice)

## **SECTION 111.14 - POSTING OF PERMIT**

A true copy of the building permit shall be kept on the site of operations, open to public inspection during the entire time of prosecution of the work and until the completion of the same.

**This means that work shall not start  
until the permit is issued and posted at the site.**

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## **780 CMR - 111.0 Permits**

Massachusetts State Code allows **30 days** from when the permit application is submitted **correctly** (with all necessary information, signatures and fees) for the issuance of a Building Permit.



## Construction Checklist

### Single- & Two-Family Dwellings

At the completion of the work, prior to the issuance of a certificate of occupancy, the licensed construction supervisor, registered professional or homeowner (responsible party), as applicable, shall submit a completed copy of this checklist to the building official and/or state in verification that, to the best of his/her knowledge, the work has been executed in accordance with the provisions of the applicable state building code (code) and reference standards. The date shall indicate the date on which the responsible party viewed the building activity to ensure compliance with the code and/or reference standards. This date may or may not correspond to the date on which the activity was inspected for compliance by the municipal and/or state building official.

No.	Activity	Date	Note any deficiencies that were discovered (if any) and corrective action taken to ensure compliance with the code and/or reference standards.
1.	<b>Foundation</b>		
	a.	Location\excavation <sup>1</sup>	
	b.	Preparation of bearing soil	
	c.	Placement of forms\reinforcing	
	d.	Placement of concrete	
	e.	Setting weather protection methods	
	f.	Installation of water\dampproofing	
	g.	Placement of backfill	
2.	<b>Structural Frame <sup>2</sup></b>		
	a.	Floor	
	b.	Walls	
	c.	Roof\ceilings	
	d.	Masonry or other structural system	
3.	<b>Energy Conservation</b>		
	a.	Insulation\vapor and air infiltration barriers	
4.	<b>Fire Protection</b>		
	a.	Smoke	
	b.	Heat	
	c.	Carbon Monoxide	
	d.	Other	
5.	<b>Special Construction</b>		
	a.	Chimneys	
	b.	Retaining Walls	
	c.	Other <sup>3</sup>	

#### FOOTNOTES

1.	If encountered in excavating for foundation placement, the responsible party shall report the presence of groundwater to the building official and shall submit a report detailing methods of remediation.
2.	Frame shall include the installation of all joists, trusses and other structural members and sheathing materials to verify size, species and grad, spacing and attachment methods. The responsible party shall ensure that any cutting or notching of structural members is performed in accordance with requirements of the code.
3.	The building official may require the responsible party to be present on site at other points during the construction, reconstruction, alteration, removal or demolition work as he/she deems appropriate.



## INFORMATION REQUIRED FOR PERMIT APPLICATION

Primary Applicant Contact: \_\_\_\_\_

TWO hard copy plans submitted in 8-1/2 x 11, 8-1/2x14 and 11x17 need to be with application

TWO hard copy plans submitted larger than 11x17 also needs to be submitted electronically –

Please email them to [gredmond@ci.reading.ma.us](mailto:gredmond@ci.reading.ma.us)

Address of Property \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Cell Phone Number of Contractor \_\_\_\_\_

Contractor Email Address \_\_\_\_\_

Contractor HIC# \_\_\_\_\_

Contractor License# \_\_\_\_\_

Name of Homeowner \_\_\_\_\_

Cell Phone Number of Homeowner \_\_\_\_\_

Home Phone Number of Homeowner \_\_\_\_\_

Homeowner Email Address \_\_\_\_\_

A copy of the most current License and Insurance information needs to be with the application. Faxing insurance information is no longer accepted. The application can not be processed if this information is not received.

