

**Section 5 – Construction Services
For Projects Less Than 35,000 Cubic Feet of Enclosed Space
Licensed Construction Supervisor**

Licensed Construction Supervisor: _____ License #: _____

Address: _____ Exp. Date: _____

Phone: _____ Signature: _____ Not Applicable _____

Registered Home Improvement Contractor

Company Name: _____ License#: _____

Address: _____ Exp. Date: _____

Phone: _____ Signature: _____ Not Applicable _____

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 7 - Professional Design and Construction Services For
Buildings and Structures Subject to Construction Control Pursuant to 780 CMR 116
(Containing More Than 35,000 Cubic Feet of Enclosed Space)
Section 7.1 – Registered Architect**

Name: _____ Registration #: _____

Address: _____ Expiration Date: _____

Signature of Owner: _____ Date: _____

7.2 Registered Professional Engineer

Name: _____ Area of Responsibility: _____

Address: _____ Registration #: _____

Expiration Date: _____

Signature: _____ Phone: _____

Name: _____ Area of Responsibility: _____

Address: _____ Registration #: _____

Expiration Date: _____

Signature: _____ Phone: _____

