

The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling



This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address: 11 MOLLYS WAY CHILMARK MA 02535
1.2 Assessors Map & Parcel Numbers
Map Number 271 Parcel Number 54
1.1a Is this an accepted street? yes ☒ no ☐
1.3 Zoning Information: S-2
Zoning District _____ Proposed Use _____
1.4 Property Dimensions:
Lot Area (sq ft) 13,068 Frontage (ft) 35 FT. FROM EACH BOUNDARY

1.5 Building Setbacks (ft)

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

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:
Name (Print) BRADY, RICHARD W (TRUSTEE) City, State, ZIP WINCHESTER, MA 02890
No. and Street 10 EAST ST. Telephone _____ Email Address BRADYR@HOTMAIL.COM

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: DEMOLITION OF EXISTING DECK, REBUILDING DECK TO MATCH EXISTING DECK. FOOTPRINT TO REMAIN THE SAME.

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 Square Ft. x multiplier _____ x .75 (\$0.75/per sq. ft.) or minimum \$ _____
2. Electrical	\$ <u>0</u>	2. Other Fees: \$ _____ List: _____
3. Plumbing	\$ <u>0</u>	
4. Mechanical (HVAC)	\$ <u>0</u>	
5. Mechanical (Fire Suppression)	\$ <u>0</u>	
6. Total Sq. Ft.	<u>71- 310 sq. ft.</u>	Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
7. Total Project Cost:	\$	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

JUAN GELEZ
Name of CSL Holder

PO BOX 419
No. and Street

ORAN BLUFFS MA 02557
City/Town, State, ZIP

954 899 1231 DEMOSTUDIOSINFO@GMAIL.COM
Telephone Email address

CS-117479 01/04/2024
License Number Expiration Date

List CSL Type (see below) _____

Type	Description
<u>U</u>	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

DEMO STUDIOS LLC
HIC Company Name or HIC Registrant Name

1 MARINERS LANDING
No. and Street

EDGEMONTOWN MA 02539 954.899.1231
City/Town, State, ZIP Telephone

206558 09/25/2024
HIC Registration Number Expiration Date

DEMOSTUDIOSINFO@GMAIL.COM
Email address

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 DEMO STUDIOS LLC
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER¹ 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 (Electronic Signature) Date

SECTION 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

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

Section 9: Debris Disposal Affidavit

DEMOLITION SITE ADDRESS 11 Mollys Way CHILMARK, MA 02535
DISPOSAL/DUMPSTER FIRM BRUNO'S ROLLOFF
CONSTRUCTION SITE ADDRESS 11 Mollys Way CHILMARK, MA 02535
SIGNATURE OF PERMIT APPLICANT [Signature]
DATE 11-8-2023

Section 10: Workers' Compensation Affidavit

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers Applicant Information Please Print Legibly

Name (Business Organization/Individual): DEMO STUDIOS LLC
Address: P.O. Box 419 OAK BLUFFS MA 02557
City/State/Zip: _____ Phone #: 954.899.1231

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 checked="" 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):	
<p>6. <input type="checkbox"/> New construction</p> <p>7. <input checked="" type="checkbox"/> Remodeling</p> <p>8. <input checked="" type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>	

*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 attach 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 #: _____