



**APPLICATION TO INSTALL ROOFING AND/OR SIDING ONLY**

Please fill out completely all applicable areas – Please use ink  
**ELECTRICAL PERMIT ALSO REQUIRED FOR SIDING JOBS**  
**THIS SECTION FOR OFFICIAL USE ONLY**

**BUILDING PERMIT NUMBER:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **PERMIT FEE:** \_\_\_\_\_

**BUILDING OFFICIAL**

**PROPERTY ADDRESS:**

\_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**SIGNATURE**

**OWNER'S ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ESTIMATED COST:** \_\_\_\_\_ **MAP:** \_\_\_\_\_ **LOT:** \_\_\_\_\_

**HISTORIC DISTRICT:** YES NO **ZONING DISTRICT:** \_\_\_\_\_

**ROOFS**

**TYPES OF MATERIAL TO BE USED:** ASPHALT \_\_\_\_\_ CEDAR \_\_\_\_\_ OTHER: \_\_\_\_\_

**NUMBER OF SQUARES** \_\_\_\_ **WILL NEW ROOF HAVE 1 LAYER?** \_\_\_\_ **OR 2?** \_\_\_\_\_

**SIDEWALL**

**TYPE OF MATERIAL TO BE USED:** SHINGLES: \_\_\_\_\_ CLAPBOARD \_\_\_\_\_ OTHER \_\_\_\_\_

**NUMBER OF SQUARES:** \_\_\_\_\_ **ELECTRICAL PERMIT NUMBER** \_\_\_\_\_

**CONTRACTOR INFORMATION**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONSTRUCTION SUPERVISOR LICENSE #** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

**HOME IMPROVEMENT CONTRACTOR #** \_\_\_\_\_ **EXP. DATE:** \_\_\_\_\_

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111  
[www.mass.gov/dia](http://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:**

**Type of project (required):**

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time)*   | 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 workers' comp. Insurance.++                  | 6. <input type="checkbox"/> New Construction                 |
| 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.) | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c.152.S1(4), and we have no employees. {No workers' comp. Insurance required.} | 7. <input type="checkbox"/> Remodeling                       |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. {No workers' comp. insurance required.}+   |  | 8. <input type="checkbox"/> Demolition                       |
|  |  | 9. <input type="checkbox"/> Building addition                |
|  |  | 10. <input type="checkbox"/> Electrical repairs or additions |
|  |  | 11. <input type="checkbox"/> Plumbing repairs or additions   |
|  |  | 12. <input type="checkbox"/> Roof repairs                    |
|  |  | 13. <input type="checkbox"/> 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 #: \_\_\_\_\_