

SECTION 4B - Is there any asbestos on this property? Yes No **If yes, has the DEP been notified:** Yes No

SECTION 5 - Solid Waste Disposal

(In accordance with the provisions of MGL c.40, S.54, a condition of the building permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by GML c.111, S.150A)

Disposal Company _____

Type of Container _____

Town Located _____

SECTION 6 - Permit Application Declaration

I, _____, as Permit Applicant hereby declare that the statements and information on the foregoing application is true and accurate, to the best of my knowledge and belief. In addition to the foregoing statement, this building will be constructed in accordance with all State and Local Building Codes and Laws of the Town of Fairhaven. This is a true statement signed under the Penalties of Perjury.

Applicant agrees to terms and conditions

SECTION 7 - Owner's Signature (CMR 780 § 110.5)

Owner(s) Signature _____
Date

IF APPLICATION IS MADE OTHER THAN BY THE OWNER, THE WRITTEN AUTHORIZATION OF THE OWNER IS REQUIRED.

SECTION 8 - Owner Authorization for Contractor to Perform Work

The undersigned, being duly sworn, upon oath, depose and state as follows:

I, _____, owner of the property located at

Owner(s) Name

Address City/Town State Zip Code

Hereby authorize _____
Contractor's Name/Company

Contractor's Address

To act as my agent for permitting any work to be performed at the above referenced property. In the event that I dismiss the contractor of record, I will notify the local Building Official of such event and provide the Building Official with a new owner authorization letter.

Owners's Signature: _____

Owner's Phone number: _____ Today's Date: _____

SECTION 9 - Worker's Compensation Insurance Affidavit (M.G.L. c.152 § 25c (6))

Please fill out affidavit attached to this application. Worker's 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

**PERSONS CONTRACTING WITH UNREGISTERED CONTRACTORS
DO NOT HAVE ACCESS TO THE GUARANTY FUND**



Town of Fairhaven

Tax Collector

40 Center Street

Fairhaven, Ma. 02719

Tax Collector Certification of Tax Status

(Authorized by Special Town Meeting May 06, 1995 and MGL. Chapter 40 S57)

**MUST BE FILLED OUT COMPLETELY BY APPLICANT
OR WILL NOT BE PROCESSED BY THE TAX COLLECTOR'S OFFICE**

Requesting Department _____

Name of Applicant _____

REAL ESTATE TAX

Assessed Owner _____

Real Estate Property Address _____

Assessors Map _____ Lot _____

PERSONAL PROPERTY TAX

Name of Business (if applicable) _____

Assessed Owner _____

Business Address _____

The above property address and applicant have been compared to our tax records and, as of this date the applicant does not have any outstanding tax liability to the Town

Tax Collector or Representative _____ Date _____