



Office Use Only
Permit# _____
Amount _____
Permit expires 180 days from issue date

EXPRESS SHED PERMIT APPLICATION

TOWN OF YARMOUTH
Yarmouth Building Department
 1146 Route 28
 South Yarmouth, MA 02664
 (508) 398-2231 Ext. 1261

CONSTRUCTION ADDRESS: _____

OWNER: _____
 NAME PRESENT ADDRESS TEL. #

CONTRACTOR: _____
 NAME MAILING ADDRESS TEL. #

Residential Commercial Est. Cost of Construction \$ _____

Home Improvement Contractor Lic. # _____ Construction Supervisor Lic. # _____

Workman's Compensation Insurance: (check one)
 I am the homeowner I am the sole proprietor I have Worker's Compensation Insurance

Insurance Company Name: _____ Worker's Comp. Policy# _____

SHED INFORMATION

New _____ Size L _____ x W _____ x H _____ Corner Lot: Yes _____ No _____

Per Town of Yarmouth Zoning By-Law Sec 203.5 Note E:

Side and rear yard setbacks for accessory buildings containing one hundred fifty (150) square feet or less and single story, shall be six (6) feet in all districts, but in no case shall said accessory buildings be built closer than twelve (12) feet to any other building on an adjacent parcel. All sheds are required to be located thirty (30) feet from any front lot line

Replace existing* _____ Size L _____ x W _____ x H _____

*The debris will be disposed of at: _____
 Location of Facility

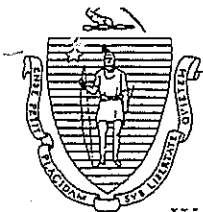
I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268, Section 1.

Applicant's Signature: _____ Date: _____

Owners Signature (or attachment) _____ Date: _____

Approved By: _____ Date: _____
 Building Official (or designee) EMAIL ADDRESS: _____

Zoning District: _____			
Historical District:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flood Plain Zone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Resource Protection District:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Within 100 ft. of Wetlands: ***	<input type="checkbox"/> Yes <input type="checkbox"/> No
***Note: Conservation review required if within 100 ft. of Wetlands			



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- 3. I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- 4. I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5. 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. ‡
- 6. 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.]

Type of project (required):

- 7. New construction
- 8. Remodeling
- 9. Demolition
- 10. Building addition
- 11. Electrical repairs or additions
- 12. Plumbing repairs or additions
- 13. Roof repairs
- 14. 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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):

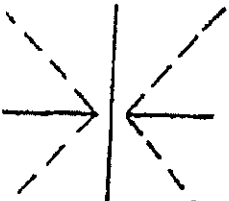
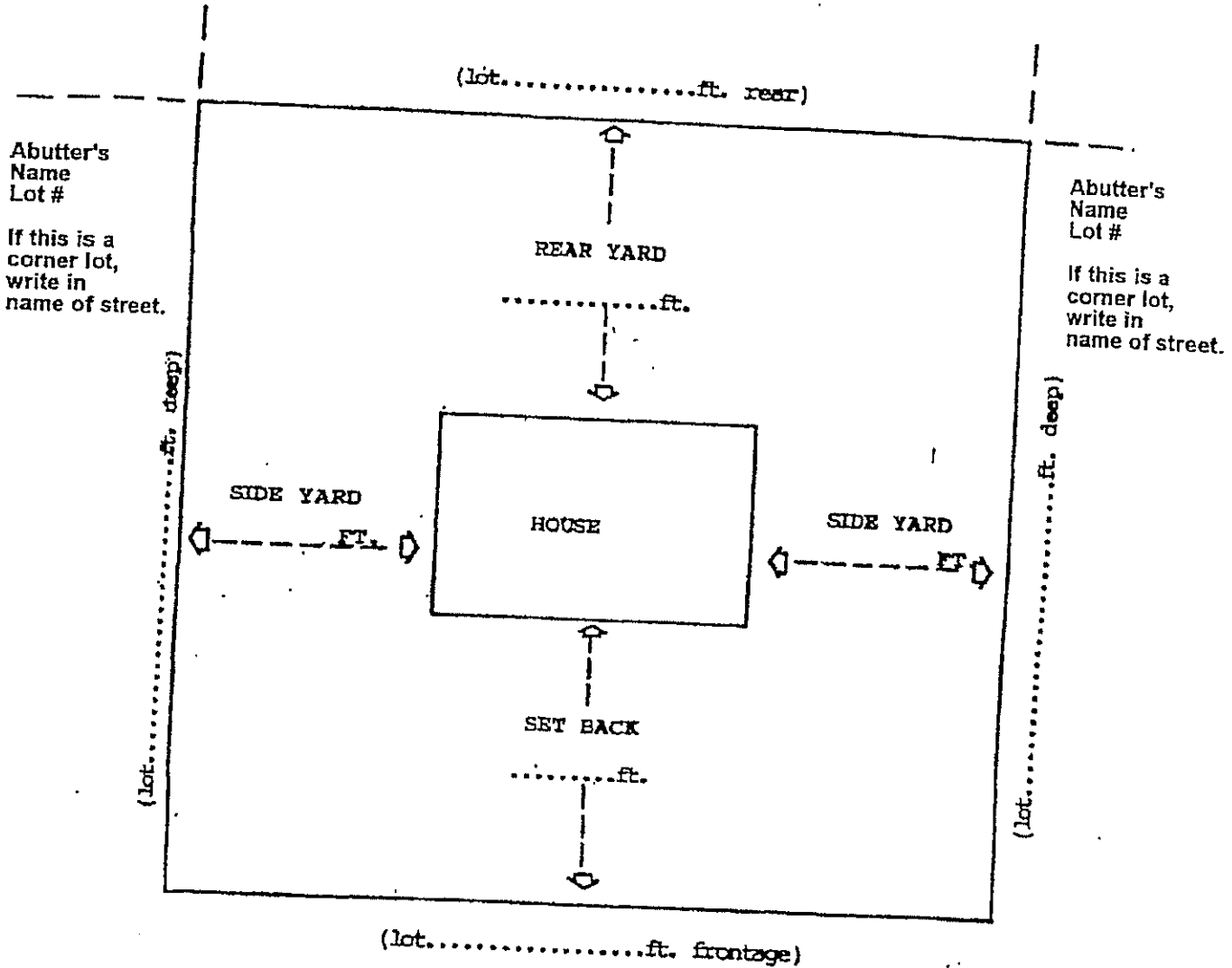
- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
- 6. Other _____

Contact Person: _____ Phone #: _____

PLOT PLAN

FOR LOT # _____

Indicate location of garage or accessory building
Additions with dashed lines
Sewerage disposal (cesspool) ⊕
Well ☒



(NAME OF STREET)

Information
Supplied by _____