



The Commonwealth of Massachusetts

Town of Chester

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One or Two Family Dwelling

(This Section For Official Use Only)

Building Permit Number:

Date Applied:

Building Inspector:

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street

Map / Lot

Zoning District / Use

SECTION 2: PROPOSED WORK

If New Construction check here or check all that apply in the two rows below

Existing Building Repair Alteration Addition Demolition (Please fill out and submit Appendix 1)

Change of Use Change of Occupancy Other Specify:

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work:

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See IEBC 105.1)

Existing Use Group(s):

Proposed Use Group(s):

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 Nightclub A-3 A-4 A-5 B: Business E: Educational
 F: Factory F-1 F2 H: High Hazard H-1 H-2 H-3 H-4 H-5
 I: Institutional I-1 I-2 I-3 I-4 M: Mercantile R: Residential R-1 R-2 R-3 R-4
 S: Storage S-1 S-2 U: Utility Special Use and please describe below:

Special Use:

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone:	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site? <input type="checkbox"/> or specify:
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Railroad right-of-way:
Not Applicable
or Consent to Build enclosed

Hazards to Air Navigation:
Is Structure within airport approach area?
Yes No

MA Historic Commission Review Process:
<http://www.sec.state.ma.us/MHC/mhcrevco/m/revcomidx.htm>
Is their review completed?
Yes No NA

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____
Does the building contain an Sprinkler System?: Yes No Special Stipulations: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 a employer with _____ employees (full and/or part-time). [*] 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.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] [†]	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 employees and have workers' comp. insurance. [‡] 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.]	6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: CHESTER	Permit/License # _____
Issuing Authority: Building Department	
Contact Person: _____	

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (print) _____ No. and Street _____ City/Town _____ Zip Code _____

Contact Information

Name (print) _____ Title _____ Telephone Number _____ e-mail address _____

If applicable, the property owner hereby authorizes

Name _____ Street Address _____ City/Town _____ State _____ Zip Code _____

to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)

(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here and skip Section 10.1)

10.1 Registered Professional Responsible for Construction Control

Name (Registrant) _____ Telephone Number _____ e-mail address _____ Registration Number _____
 Street Address _____ City/Town _____ State _____ Discipline _____ Expiration Date _____

10.2 General Contractor

Company Name _____
 Name of Person Responsible for Construction _____ License No. and Type if Applicable _____
 Street Address _____ City/Town _____ State _____ Zip Code _____
 Business Phone _____ Cell Phone _____ e-mail address _____

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

<http://www.mass.gov/lwd/docs/dia/forms/f-aff-builders.pdf>

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents 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. Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6)
1. Building	\$ _____	Building Permit Fee Total Construction Cost X .005 = \$ _____ Minimum Fee is \$50.00 Enclose check payable to <i>The Town of Chester</i> write check number here _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

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 Name and Sign _____ Telephone _____ Date _____
 Title _____ Street Address _____ City/Town _____ State _____ Zip Code _____

Building Inspector approval:

Name _____ Date _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



TOWN OF CHESTER
BUILDING INSPECTION DEPARTMENT

Construction Debris Affidavit

In accordance with the provisions of M.G.L. c. 40 § 54 all debris resulting from any work covered by a Building Permit shall be disposed of in a properly licensed disposal facility, as defined by M.G.L. c. 111 § 150A.

Address of work: _____

The debris will be transported by: _____

The debris will be received at: _____

Signature of Permit Applicant

Date

Building Permit Number: _____

15 Middlefield Rd., Chester, Massachusetts 01011



Town of Chester Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Fire Alarm (may require repeaters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Plumbing (include local connections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Gas (Natural, Propane, Medical or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Surveyed Site Plan (Utilities, Wetland, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Structural Peer Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Structural Tests & Inspections Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Fire Protection Narrative Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Existing Building Survey/Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Energy Conservation Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Architectural Access Review (521 CMR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Workers Compensation Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Hazardous Material Mitigation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*.

Registered Professional Contact Information

Name (Registrant)	- - x	Telephone Number	e-mail address	Registration No
Street Address	City/Town	State	Zip Code	Discipline Exp. Date
Name (Registrant)	- - x	Telephone Number	e-mail address	Registration Number
Street Address	City/Town	State	Zip Code	Discipline Exp. Date
Name (Registrant)	- - x	Telephone Number	e-mail address	Registration Number
Street Address	City/Town	State	Zip Code	Discipline Exp. Date