


# Building Permit Application

## Solid Fuel Burning Appliance – Wood, Pellet, Coal, Etc.

	<b>Town of Chester</b> 15 Middlefield Rd. Chesterfield, MA01011 Ph: (413) 205-6504 E-mail: townofchesterbi@gmail.com
Building Permit Number: _____	Date Issued: _____ <span style="float: right;"><b>Fee: \$50.00</b></span>
Signature _____ Building Commissioner	Map/Parcel _____/_____

### Site Information

Property Address: _____	Use ( single family, multi family, commercial, etc) _____
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### Property Owner Information

Name: _____	Address: (If different from above) _____
Signature: _____	Phone: _____
	Cell: _____

### Contractor Information

Licensed Construction Supervisor: _____	CSL License Number: _____	Expiration Date: _____
Address: _____ Number and street _____ City/Town _____ Zip _____	Telephone: _____	Cell phone: _____
Signature: _____	HIC Registration Number: _____	Expiration Date: _____

### Description of Proposed Work

Type of Appliance (Check One): <input type="checkbox"/> Wood Stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Coal Stove <input type="checkbox"/> Wood Furnace <input type="checkbox"/> Outdoor Wood Boiler
Manufacturer _____ Model _____
To be installed in what room? _____
Will this be the only appliance installed to vent into a single flue? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other information: _____ _____

**COMPLETE ONLY ONE OF THE FOLLOWING:**

**EITHER:**

**Agent Authorization** - To be completed when Licensed Contractor applies for building permit

I \_\_\_\_\_, as owner of the subject property hereby authorize  
(print Owner's name)

\_\_\_\_\_, to act on my behalf in all matters relative to work  
(print Licensed Contractor's name)

authorized by this building permit application.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**OR:**

**Homeowner license exemption** - To be completed when homeowner wishes to act as General Contractor

***Definition of a homeowner: (Legal definition per Mass. State Building Code)***  
*Person who owns a parcel of land on which **he/she resides or intends to reside**, on which there is, or is intended to be, a one-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures.*  
***Rental properties, or those occupied by anyone other than the owner do not qualify***

I, \_\_\_\_\_ verify that I qualify as a homeowner **as defined above**, and wish to apply for a building permit in my own name. I will take full responsibility for all duties as general contractor, including, but not limited to understanding the requirements of the State Building Code, arranging for inspections and being present when inspections are done. I realize that I shall be responsible for all work, and for full compliance with the Mass. State Building Code. I shall further be responsible for all subcontractors working on the job, and that I shall have no access to the Guarantee Fund established by the Home Improvement Contractor Registration Program.

**As General Contractor, I shall be solely responsible for the completion of all work**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING:**

**Declaration of Accuracy** - To be completed by person applying for permit - Contractor or Homeowner

I \_\_\_\_\_, as Owner/Agent hereby declare that the statements and  
(print name)

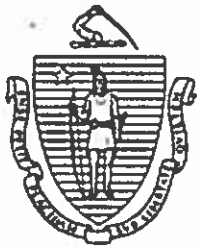
information on the foregoing application are true and accurate, to the best of my knowledge and belief.

\_\_\_\_\_  
 Signed under the pains and penalties of perjury

Date: \_\_\_\_\_

**NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION**

*If you are a homeowner, acting as General Contractor, check the box "I am a Homeowner doing the work myself", sign and date.*



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 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 #: \_\_\_\_\_

<b>Are you an employer? Check the appropriate box:</b> 1. <input type="checkbox"/> I am an 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.]	<b>Type of project (required):</b> 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 _____
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\*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 #: \_\_\_\_\_

<b>Official use only. Do not write in this area, to be completed by city or town official.</b>	
City or Town: _____	Permit/License # _____
<b>Issuing Authority (circle one):</b> 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____	
Contact Person: _____	Phone #: _____

# 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

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

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)