
Please explain entry and egress, ventilation and lighting of the building.

Are smoke and CO detectors provided? _____

Are bathroom/shower units being provided (if so, in what manner?)

Are hand washing facilities with hot and cold water being provided (if so, in what manner?)

Is cooking area provided (if so, in what manner?)

What is the time period which you request this permit? _____

Are you aware of local emergency contact information?

Signed: _____ **Date:** _____

You are advised: 105 CMR 410.152: Privies and Chemical Toilets Prohibited: Exceptions

No privy or chemical toilet shall be constructed or continued in use; provided, that the board of health may approve in writing the construction or continued use of any privy or chemical toilet which it determines will not (a) endanger the health of any person; or (b) cause objectionable odors or other undue annoyance. When so approved, a privy or chemical toilet may, subject to written authorization of the board of health in accordance with 310 CMR 15.00, qualify as a toilet within the requirements of 105 CMR 410.150(A) (see 105 CMR 410.840). In no event may a privy be located within 30 feet of any building used for sleeping or eating, or of any lot line or street.

105 CMR 410.430: Temporary Housing Allowed Only with Board of Health Permission

No temporary housing may be used except with the written permission of the board of health.

105 CMR 410.431: Any Exceptions to Minimum Standards Must Be Specified

All temporary housing shall be subject to the requirements of these minimum standards, except as the board of health may provide in its written permission. (See 105 CMR 410.840.)



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Community Sanitation Program
23 Service Center
Northampton, MA 01060
Telephone (413) 586-7525 / (800) 445-1255
Facsimile (413) 784-1037 TTY (800) 769-9991

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

The scope of the code:

105 cmr 410.010: Scope

(A) No person shall occupy as owner-occupant or let to another for occupancy any dwelling, dwelling unit, mobile dwelling unit, or rooming unit for the purpose of living, sleeping, cooking or eating therein, which does not comply with the requirements of 105 CMR 410.000.

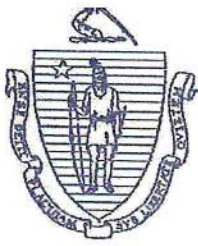
Occupant means every person living or sleeping in a dwelling.

410.430: Temporary Housing Allowed Only with Board of Health Permission

No temporary housing may be used except with the written permission of the board of health.

410.431: Any Exceptions to Minimum Standards Must Be Specified

All temporary housing shall be subject to the requirements of these minimum standards, except as the board of health may provide in its written permission. (See 105 CMR 410.840.)



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: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a 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. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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 #: _____

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. Licensing Board 5. Selectmen's Office 6. Other _____

Contact Person: _____ Phone #: _____