

**Town of Ashburnham
Building Department
Application for permit for Demolition**

No. _____
Dig Safe # _____

To the inspectors of buildings:

The undersigned hereby applies for a permit to demolish the following:

Address to be demolished _____

Name of Owner _____

Owner's Address _____

Contractor _____

Contractor's Address _____

Describe briefly the type of building to be demolished _____

Signatures of authorized persons for utility companies and municipal departments:

Fire Department (Hazmat, dumpster permit, etc...) _____

B.O.H (Exterminator) _____

Historical Commission _____

Asbestos Removal Company _____

Ashburnham Electric Company _____

Gas Company _____

Telephone Company _____

Cable Company _____

Sewer/Water Department _____

Conservation _____

Signature of Applicant _____

Note: A permit to demolish a building shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.

Appendix 1

For the demolition of structures the building code requires action on service connections.

780 CMR 112.0 DEMOLITION OF STRUCTURES

112.1 Service Connections. Before a building or structure is demolished or removed, the owner or agent shall notify all utilities having service connections within the structure such as water, electric, gas, sewer and other connections. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. All debris shall be disposed of in accordance with 780 CMR 111.5.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street	City /Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____		Other (if applicable)	



TOWN OF ASHBURNHAM
BUILDING DEPARTMENT

32 Main Street
Ashburnham, MA 01430

ADDRESS _____

OCCUPANCY FEE _____
PERMIT FEE _____
TOTAL _____
DATE _____
CASH/CHECK # _____

Tel: (978) 827-4100 ext.117
Fax: (978) 827-4105

IMPORTANT - Complete all items. Mark boxes where applicable. PLEASE TYPE OR PRINT IN INK.

Name of Owner: _____
LOCATION OF IMPROVEMENT _____
Table with columns: Zone, Lot, Map, Permit #, Fee, Use Group, Type Const., Permit Type

TYPE AND COST OF BUILDING - All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT
1. ___ New Building
2. ___ Addition (if residential, enter number of new housing units added, if any in Part D, 13.) Age ___
3. ___ Alteration (See 2 above)
4. ___ Repair, replacement
5. ___ Moving (relocation)
6. ___ Foundation only
7. ___ Demolition
D. PROPOSED USE
RESIDENTIAL
12. ___ One Family
13. ___ Two or more family
14. ___ Transient hotel, motel, or dormitory. Enter number ___
15. ___ Garage
16. ___ Carport
17. ___ Work - Specify _____
NON-RESIDENTIAL
18. ___ Amusement, recreational
19. ___ Church, other religious
20. ___ Industrial
21. ___ Parking garage
22. ___ Service station, repair garage
23. ___ Hospital, institutional
24. ___ Office, Bank, professional
25. ___ Public utility
26. ___ School, library, other educational
27. ___ Stores, mercantile
28. ___ Tanks, towers
29. ___ Other - Specify _____
B. OWNERSHIP
1. ___ Private (individual, corporation, non-profit institution, etc.)
2. ___ Public (Federal, State or Local Gov.)

C. COST (OMIT CENTS)
10. ___ Value of Improvement \$ _____
To be installed but not included in the above cost.
a. Electrical \$ _____
b. Plumbing \$ _____
c. Heating, air conditioning \$ _____
d. Other (elevator, etc.) \$ _____
11. TOTAL VALUE OF IMPROVEMENT \$ _____
NON-RESIDENTIAL - Describe in detail proposed use of buildings.
If use of existing building is being changed, enter proposed use.

SELECTED CHARACTERISTICS OF BUILDING - For new buildings and additions, complete Parts E - L. ALL OTHERS SKIP TO PART IV.

E. PRINCIPAL TYPE OF FRAME
30. ___ Masonry (wall bearing)
31. ___ Wood frame
32. ___ Structural steel
33. ___ Reinforced concrete
34. ___ Other - Specify _____
G. TYPE OF SEWAGE DISPOSAL
39. ___ Public or private company
40. ___ Individual (septic tank, etc.)
H. TYPE OF WATER SUPPLY
41. ___ Public or private company
42. ___ Individual (well, cistern)
I. EXTERIOR FINISH
43. ___ Covering of outer walls - Specify _____
44. ___ Roof covering materials - Specify _____
J. DIMENSIONS
45. Number of stories _____
46. Total square foot of floor area, all floors, based on interior dimensions _____
47. Total land area, sq. ft. _____
K. NUMBER OF OFF STREET PARKING SPACES
48. Enclosed _____
49. Outdoors _____
L. RESIDENTIAL BUILDING ONLY
50. Number of bedrooms _____
51. Number of bathrooms - Full _____ Partial _____
52. Total number of rooms _____

PROPOSED WORK: Please check [] Repair(s) [] Alteration(s) [] Addition(s)

Will there be a change of USE GROUP associated with the proposed work? [] Yes [] No If yes, USE GROUP changed from _____

Owner of record:

Individual or Corporation _____

Address:

Number Street _____

City or Town State Zip _____

Authorized Agent:

Print Name _____

Address:

Number Street _____

City or Town State Zip _____

SIGNATURE: _____

TELEPHONE # _____

Registered Architect:

Print Name _____

Address:

Number Street _____

City or Town State Zip _____

SIGNATURE: _____

TELEPHONE # _____

REGISTRATION #: _____

EXPIRATION DATE: _____

Registered Professional Engineer:

Print Name _____

Address:

Number Street _____

City or Town State Zip _____

SIGNATURE: _____

TELEPHONE # _____

REGISTRATION #: _____

EXPIRATION DATE: _____

Peer Review Engineer:

Print Name _____

Address:

Number Street _____

City or Town State Zip _____

SIGNATURE: _____

TELEPHONE # _____

REGISTRATION #: _____

EXPIRATION DATE: _____

Contractor:

Print Name _____

Construction Supervisor License #: _____

Expiration Date: _____

Home Improvement Registration #: _____

Expiration Date: _____

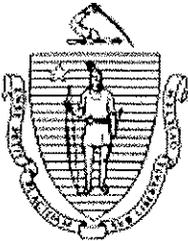
Address:

Number Street _____

City or Town State Zip _____

SIGNATURE: _____

TELEPHONE # _____



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

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>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. ‡</p> <p>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.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 #: _____

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
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



**TOWN OF ASHBURNHAM
OFFICE OF THE BUILDING COMMISSIONER
32 MAIN STREET
ASHBURNHAM, MA 01430**

Richard C. Reynolds
Building Commissioner/Zoning Officer

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

The debris will be disposed of in:

(Location of facility)

Signature of permit applicant

Date