Cover Sheet

Town of Ashburnham
32 Main Street
Ashburnham, MA 01430
978-827-4100 Ext. 117
978-827-4105 Fax Number

website: Ashburnham-Ma.Gov

Name of Owner: _____

Property Address: _____ Phone # _____
Ashburnham, MA 01430

MAP_____ Parcel_____

Sign off Sheet:

Tax Collector's Office_____ _____
(No taxes owed) Date

Conservation Agent_____ _____
Date

Board of Health Agent_____ _____
Date

This building permit is used for accessory buildings and structures (roofs, fences, pools, gazebo, shed, decks, farmer's porch, garages, addition, windows, doors)

1. Will need copy of **construction supervisor license**
2. **HIC** Registration (If 1 to 4 family/ owner occupied)
3. **Contract** if not doing work yourself
4. **Copy of Certificate of Liability Insurance/Workers Compensation**
5. **Copy of Plot Plan**
6. Copy of Deed
7. Complete set of plans if applicable

Thank you,

Richard Reynolds, Building Commissioner
Zoning Enforcement Officer

TOWN OF ASHBURNHAM

BUILDING DEPARTMENT

32 Main Street
Ashburnham, MA 01430

Tel: (978) 827-4100 ext.6
Fax: (978) 827-4105

PERMIT # _____

DATE _____

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

Zone	Lot	Map	Permit #	Fee

Use Group	Type Const.	Permit Type

Name of Owner: _____

LOCATION OF IMPROVEMENT _____

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

B. OWNERSHIP

1. ____ Private (individual, corporation, non-profit institution, etc.)
2. ____ Public (Federal, State or Local Gov.)

D. PROPOSED USE

RESIDENTIAL

12. ____ One Family
13. ____ Two or more family
    Enter number of units ____
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 _____

C. COST (OMIT CENTTS)

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** ..... $ _____

DESCRIPTION - 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 _____

F. PRINCIPAL TYPE OF HEATING

35. ____ Gas
36. ____ Oil
37. ____ Electricity
38. ____ 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)

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
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 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. ☐ 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 #:** _____

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 Department's address, telephone and fax number:

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

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 02-23-15

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