



Town of Ashburnham
 Building Department
 32 Main Street
 Ashburnham, MA 01430
 Ph 978-827-4100 ext.6
 Fx 978-827-4105

For Office Use Only

Check _____ Permit No. _____
 Fee Paid _____
 Date Issued _____
 Building Official Signature _____

APPLICATION TO INSTALL A SOLID FUEL BURNING APPLIANCE

Includes but not limited to, room heaters, stoves, fireplace inserts, furnaces, boilers; see 760 CMR 6007

SITE INFORMATION

Name _____ Property Address _____

ASSESSOR'S PARCEL ID NUMBERS Map _____ Block _____ Lot _____ # of Dwellings 1 or 2

ZONING DISTRICT Single Family _____ Rural Residential _____ General Residential _____ Other _____

DESCRIPTION OF PROPOSED WORK

Check all applicable:

Fuel Type
 _____ Wood
 _____ Pellet
 _____ Coal
 _____ Other _____
 _____ Multi-Fuel

The following information can be found on metal label on appliance.

Stove/Fireplace Manufacturer _____
 Model Name/Number _____
 Testing Laboratory Number _____
 Testing Label Number _____

Required Clearances (according to manufacturer or diagram)

Front or Side door _____ inches
 Side (no door) _____ inches
 Rear _____ inches
 Above Top _____ inches

Appliance Type

_____ New
 _____ Used
 _____ Stove
 _____ Manufactured Fireplace/Insert
 _____ Masonry Fireplace
 _____ Circulating (has blower)
 _____ Radiant (no blower)

Hearth Material (Min 1hr. Fire Resistance) _____
 Subfloor Material at Hearth (Non-Combustible) _____
 Min. Hearth Dimensions (see mfg. or diagram) _____

Wall Protection Material _____
 Flue Collar Diameter (on appliance) _____ inches
 Flue Diameter _____ inches
 Flue/Chimney Height _____ feet

Chimney/Flue Venting Type

_____ New
 _____ Existing
 _____ Masonry Chimney
 _____ Relined Chimney
 _____ Metal Chimney
 _____ Direct Vent

Flue Cap Type/Material _____
 Mfg & Type of metal lining, flue or vent _____
 Are any other appliances attached to the stove flue? Yes No

Brief Description of Proposed Work: _____

Stove Dimensions Height _____ inches Length _____ inches Width _____ inches

ESTIMATED CONSTRUCTION COSTS: Cost of project, including cost of solid fuel burning appliance, any related venting/chimney parts and materials, hearth/surround materials, related carpentry materials, electrical work (req. separate permit and licensed electrician), and labor for all of the above:

\$ _____ Building Permit Fee _____

WORKERS' COMPENSATION INSURANCE AFFIDAVIT (MGL c. 152 s25C (6)) Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of issuance of the building permit.

Signed Affidavit Attached Yes No

CONSTRUCTION SERVICES:

Licensed Construction Supervisor

___ Not Applicable, See Below

Name _____

Phone _____

Address _____

CS License # _____ Exp _____

Licensed Construction Supervisor Signature

Registered Home Improvement Contractor

___ Not Applicable, See Below

Name _____

Phone _____

Address _____

HIC # _____ Exp _____

Reg. Home Improvement Contractor Name

Complete this section if Licensed Construction Supervisor does not sign permit application:: The current exemption for "homeowners" was extended to include **owner-occupied one or two-family dwellings**. It allows such homeowners to engage an individual for hire who does not possess a construction supervisor's license, provided that the homeowner acts as supervisor. (State building Code 7th Edition, Section 5108.3.5.1 Exception) Definition of Homeowner: Person(s) who owns a parcel of land on which he/she residing 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. A person who constructs more than one home in a two-year period shall not be considered a homeowner. The undersigned "homeowner" assumes responsibility for compliance with the State Building Code, the Town of Ashburnham Building Dept. inspection requirements, and all other applicable codes, by-laws, rules and regulations.
Homeowner Signature _____

Complete this section if Registered Home Improvement Contractor does not sign permit application:

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

I hereby certify that Home Improvement Contractor Registration is not required for the following reason(s)

- ___ Work excluded by law
- ___ Job under \$100 0
- ___ Building not owner-occupied
- ___ Building does not contain 1-4 dwelling units
- ___ Owner pulling own permit
- ___ Other (Specify) _____

Notice is hereby given that owners pulling their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL c. 142A

Signature of Owner/Agent

PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES: Buildings & structures containing more than 35,000 cubic ft of enclosed space (including bsmt) are subject to Construction Control pursuant to 780 CMR 116. Applications for Building Permits associated with such structures shall be accompanied by a Construction Control Affidavit and an attached list of names, addresses, phone numbers, signatures, registration numbers, and expiration dates for all registered architects and registered engineers involved in the project.

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record _____

Phone Number _____

Mailing Address _____

Authorized Agent _____

Phone Number _____

Mailing Address _____

OWNER AUTHORIZATION: Complete this section if owner's agent or contractor applies for building permit.
I, _____, as owner of the subject property hereby authorize _____ to act on my behalf in all matters relative to work authorized by this building permit application.

Owner Signature

Date

OWNER/AUTHORIZED AGENT DECLARATION:

_____, as owner/authorized agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains & penalties of perjury.

Print Name

Signature of Owner/Agent

Date



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 an 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

NOTICE

ALL SOLID FUEL STOVES MUST HAVE OUTSIDE COMBUSTION AIR

CHAPTER 17 COMBUSTION AIR

SECTION M1701 GENERAL

M1701.1 Scope. Solid-fuel-burning *appliances* shall be provided with *combustion air* in accordance with the *appliance* manufacturer's installation instructions. Oil-fired *appliances* shall be provided with *combustion air* in accordance with NFPA 31. The methods of providing *combustion air* in this chapter do not apply to fireplaces, fireplace stoves and direct-vent *appliances*. The requirements for combustion and dilution air for gas-fired *appliances* shall be in accordance with Chapter 24.

M1701.2 Opening location. In areas prone to flooding as established in Table R301.2(1), *combustion air* openings shall be located at or above the elevation required in Section R322.2.1 or R322.3.2.