



**Town of Ashburnham
Building Department
32 Main Street
Ashburnham, MA 01430**

Phone 978-827-4100 Ext. 6

Fax 978-827-4105

Flow Chart for One and Two-Family Home Construction

- Visit the Building Department and pick up a building Permit Application, Insurance Affidavit and Sign-Off Sheet.
- After filling out the Building Application and Insurance Affidavit:
 - combine with two (2) plans of the structure to be built (to include location of smoke detectors and oil fill and vent pipes if applicable)
 - **one (1) copy of the HERS Rater hired to test the property for compliance to the stretch energy code.**
 - Also included should be any specification on beams or trusses.
- With the paperwork mentioned above in hand visit:
 - Tax Collector, #1 on your sign-off sheet and obtain the signature required.
 - Repeat this process with each box (excluding #'s 7 & 9) until complete. The building department can complete this process for you but in many cases this will extend your waiting time thirty days.
- Once all signatures are in place, bring all the paper work mentioned in #2 to the Building Department and submit to be reviewed. If no problems arise, this process is completed in less than a week and a building permit is issued.
- Permit in hand, the construction process may begin. The Inspection Sequence is as follows.
 - **Footings**- Once poured and stripped, call for inspection.
 - **Foundation Wall**-Once poured, stripped, moisture proofed, with drainage pipe in place, stone covered to code and silt cloth installed as well as tail off.
Call for inspection **BEFORE backfill but after perimeter drain is installed.**
 - **Rough Frame**-Once fully framed, roof and windows in place and fully weather tight, and plumbing and electrical rough sign offs are in place, you are ready to call for rough frame inspection. If a fireplace has been installed, inspection for smoke chamber exterior combustion air and clearance to flammables will also be completed.
 - **Insulation Inspection**- After all insulation and vapor barrier, as well as ventilation has been installed, call for insulation inspection.
**Do not forget wind wash blocks.
- Final Approval- All signatures above the Building Inspector on the final approval section of your building permit must be in place prior to calling for final inspection. A ladder to the attic must be present, and all work must be completed. If all is in order a Certificate of Occupancy will be issued within twenty four hours of inspection.



**Town of Ashburnham
Building Department
32 Main Street
Ashburnham, MA 01430
(978) 827-4100 Ext. 6 Fax (978) 827-4105**

Double Check These Items

- 1. As built by surveyor shall be completed and submitted to the Building department prior to rough inspection. This inspection will not be scheduled until this document is submitted.**
- 2. All heating systems as well as fire places and wood stoves shall be provided with combustion air direct from the exterior.**
- 3. Insulation can not be installed until the building is sealed and water tight.**
- 4. One layer of 15 lb. felt shall be installed under all shingled roofs and 3' of Ice & Water shield.**

Board of Selectmen
 Extension 109
 Town Administrator
 Extension 109
 Town Accountant
 Extension 120
 Town Clerk
 Extension 114
 Tax Collector
 Extension 113
 Treasurer
 Extension 112 or 110
 Board of Assessors
 Extension 111
 Land Use Office
 Extension 117
 Planning Board
 Extension 121
 Conservation Commission
 Extension 115



Animal Control
 Board of Health
 Building Commissioner
 Conservation Commission
 Council on Aging
 Cultural Council
 Electrical Inspector
 Gas & Plumbing Inspector
 Historical Commission
 Municipal Planning
 Parks & Recreation
 Planning Board
 Zoning Board of Appeals

PHONE: (978)-827-4100
 FAX: (978) 827-4105

TOWN OF ASHBURNHAM
 Town Hall, 32 Main Street
 Ashburnham, Massachusetts 01430

**Office of the Building Department
 Sign off Sheet for Building
 Permit Application**

1. Approved by Tax Collector's Office _____ Date _____
2. Approved by Board of Health _____ Date _____
3. Approved by Water/Sewer Department _____ Date _____
4. Approved by Highway Department _____ Date _____
5. Approved by Planning Board _____ Date _____
6. Approved by Fire Department _____ Date _____
7. Approved by Historical Commission _____ Date _____
8. Approved by Conservation Commission _____ Date _____
9. Approved by Building Commissioner/
 Zoning Enforcement Officer _____ Date _____

COMMENTS:

Town of Ashburnham
32 Main Street
Ashburnham, MA 01430

978-827-4100 Ext. 6 978-827-4105 Fax Number

Website: ashburnham-ma.gov

Name of Owner of property where permit is for: _____

Property Address: _____ Phone # _____

Ashburnham, MA 01430

MAP _____ Parcel _____

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** (2 sets) one is given to the Fire Department
8. Must make an appointment with Fire Department to review plans and have them sign off on each set and sign the building permit. 978-827-4021 Ext.802
9. **HERS** rating for compliance to the stretch energy code.
10. **Radon** control plans per State Law.

Thank you,

Richard Reynolds, Building Commissioner
Zoning Enforcement Officer

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 #: _____

<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 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.</p> <p>5. <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>6. <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>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
---	---

*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 #: _____

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



**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