

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*

**Flow Chart for One and Two-Family Home Construction**

1. Visit the Building Department and pick up a Building Permit Application, Insurance Affidavit and Sign-Off Sheet.
2. After filling out the Building Application and Insurance Affidavit, combine with two plans of the structure to be built (to include location of smoke detectors and oil fill and vent pipes if applicable), one copy of the energy audit completed on the structure (appendix J-780 CMR). Also included should be any specifications on beams or trusses.
3. With the paperwork mentioned above in hand, visit the office of the 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.
4. 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.
5. 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.***
6. 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.

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**TOWN OF ASHBURNHAM**  
*Town Hall, 32 Main Street*  
*Ashburnham, Massachusetts 01430*  
**Building Commissioner's Office**

Animal Control  
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## 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.

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 Town Hall, 32 Main Street  
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**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:**

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**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

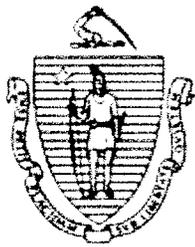
**Construction Supervisor License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Home Improvement Registration Number:** \_\_\_\_\_ **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><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am an 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><b>Type of project (required):</b></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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)