

**Procedures for Other Permits: Re-roof, Siding, Sheds, Fences,  
Pools, Signs, etc.**

1. Complete the application in its entirety.
2. Fill out the Homeowner's Exemption – if doing the work yourself.
3. If using a contractor, he/she must fill out the Contractor Affidavit and Workman's Comp form. Also attach a copy of the contractor's liability insurance.
4. Fill out Material Specifications form.
5. A plot plan must be attached to application to show the placement of shed, fence, pool, sign, etc. It must also show size and setbacks to property lines.

**If you have any questions, please do not hesitate to contact Denée in the Land Use Office at (978) 827-4100 ext 117.**



BUILDING PERMIT APPLICATION

Date \_\_\_\_\_ Permit # \_\_\_\_\_

Name of owner \_\_\_\_\_

Address of owner \_\_\_\_\_ Telephone # \_\_\_\_\_

Property location and lot number \_\_\_\_\_

If Subdivision-Name \_\_\_\_\_ Zone \_\_\_\_\_ Any Wetlands? \_\_\_ Yes \_\_\_ No

Map \_\_\_\_\_ Parcel \_\_\_\_\_ Size of lot \_\_\_\_\_ Check one \_\_\_ Sq. Ft. or \_\_\_ Acre

Purchased property from \_\_\_\_\_ Date \_\_\_\_\_

Builders name \_\_\_\_\_ Telephone # \_\_\_\_\_

Builders address \_\_\_\_\_  
Street, Town/City, State, Zip Code

Builders License # \_\_\_\_\_ HIC # \_\_\_\_\_

Purpose of New Building or Alteration \_\_\_\_\_

Floor: \_\_\_\_\_ Sq. Ft. Area \_\_\_\_\_

Is there plumbing, heating, electrical associated with this construction?

\_\_\_ P \_\_\_ H \_\_\_ E \_\_\_ None

Overall Dimensions of Building \_\_\_\_\_ No. of Stories \_\_\_ No. of Rooms \_\_\_

No. of Family Units \_\_\_ No. of Bathrooms \_\_\_ No. of Bedrooms \_\_\_

No. of Lavatories \_\_\_ No. of Garbage Disposal Units \_\_\_

Water Supply: \_\_\_ Town Water \_\_\_ New Well \_\_\_ Existing Well

Is Sewerage System to be: \_\_\_ Constructed \_\_\_ Repaired \_\_\_ Altered \_\_\_ Sewer

Type of Construction \_\_\_\_\_ Foundation material \_\_\_\_\_

Type of Heating System \_\_\_\_\_ No. of Fireplaces \_\_\_\_\_

Garage: \_\_\_ Attached \_\_\_ Separate \_\_\_ In Basement Number of vehicles: \_\_\_\_\_

Permit Fee: \_\_\_\_\_

Estimate or Contract Cost: \_\_\_\_\_

SEE BACK

Approved by Board of Health \_\_\_\_\_ Date \_\_\_\_\_

Approved by Planning Board \_\_\_\_\_ Date \_\_\_\_\_

Approved by Historical Commission \_\_\_\_\_ Date \_\_\_\_\_

Approved by Conservation Commission \_\_\_\_\_ Date \_\_\_\_\_

Approved by Fire Chief \_\_\_\_\_ Date \_\_\_\_\_

Approved by Highway Dept \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Commissioner/  
Zoning Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved by Treasurer's Office \_\_\_\_\_ Date \_\_\_\_\_

Applicant agrees to abide by the Rules and Regulations of the Building, Wiring, Gas and Plumbing Inspectors, Board of Health, Planning Board, Zoning Board of Appeals, Highway and Water Departments, Board of Selectmen, Fire Chief and all applicable Town By-Laws. No changes or alterations permitted unless revised plans are submitted and approved.

Signature of Applicant: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Use Group: \_\_\_\_\_ Fire Grading: \_\_\_\_\_



TOWN OF ASHBURNHAM

For Office Use Only

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

AFFIDAVIT

Home Improvement Contractor Law  
Supplement to Permit Application

GL 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 for building" be done by registered contractors, with certain exceptions, along with other requirements

Type of work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of work \_\_\_\_\_

Owner name: \_\_\_\_\_

Date of permit application: \_\_\_\_\_

Hereby certify that:

Registration is not required for the following reason(s):

- \_\_\_\_\_ work excluded by law
- \_\_\_\_\_ job under \$1,000
- \_\_\_\_\_ building not owner-occupied
- \_\_\_\_\_ 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 M G L. c. 142A.

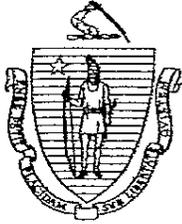
Signed under penalties of perjury:

I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_  
Date Contractor Name Registration No.

Notwithstanding the above notice, I hereby apply for a permit as the owner of the property:

Date \_\_\_\_\_ Owner's Name \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

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

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |  |   |
|--|---|
| <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 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> |
|--|---|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  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 attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

*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 #: \_\_\_\_\_

*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."

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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**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

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

**MATERIAL SPECIFICATIONS**

Footings \_\_\_\_\_ x \_\_\_\_\_  
Floor \_\_\_\_\_ inches thick  
Foundation \_\_\_\_\_ inches thick by \_\_\_\_\_ high  
Foundation: Type \_\_\_\_\_ (poured, block, etc.)  
Floor Joists \_\_\_\_\_ x \_\_\_\_\_ Span \_\_\_\_\_ o/c \_\_\_\_\_  
Carrying Beam \_\_\_\_\_ x \_\_\_\_\_ Span from column to column \_\_\_\_\_  
Sub-Floor \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Plys \_\_\_\_\_ Grade \_\_\_\_\_  
Studding (bearing walls) \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ o/c \_\_\_\_\_  
Ceiling Joists \_\_\_\_\_ x \_\_\_\_\_ Span \_\_\_\_\_ o/c \_\_\_\_\_  
Roof Rafters \_\_\_\_\_ x \_\_\_\_\_ Span \_\_\_\_\_ o/c \_\_\_\_\_  
Roof Trusses \_\_\_\_\_ x \_\_\_\_\_ Top Chord \_\_\_\_\_ x \_\_\_\_\_  
Lower Cord Span \_\_\_\_\_ x \_\_\_\_\_ o/c \_\_\_\_\_  
Exterior Sheathing \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Plys \_\_\_\_\_ Grade \_\_\_\_\_  
Roof Sheathing \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Plys \_\_\_\_\_ Grade \_\_\_\_\_  
Felt \_\_\_\_\_ lb.  
Roofing Materials: Type \_\_\_\_\_ lbs. \_\_\_\_\_ per square  
Under Layment \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
Finish Floor: Kitchen \_\_\_\_\_ Bath \_\_\_\_\_ Living, Dining \_\_\_\_\_  
Bedroom \_\_\_\_\_  
Interior Wall Finish \_\_\_\_\_ inch sheetrock Other \_\_\_\_\_  
Exterior Siding \_\_\_\_\_  
Insulation: Walls \_\_\_\_\_ Ceiling \_\_\_\_\_ Cellar \_\_\_\_\_  
Roof Pitch \_\_\_\_\_  
Chimney: Flue Size (s) \_\_\_\_\_  
Fireplace: Hearth \_\_\_\_\_ x \_\_\_\_\_ Firebox Wide \_\_\_\_\_ Deep \_\_\_\_\_  
Foundation Waterproofing Material \_\_\_\_\_  
Automatic Fire Alarm \_\_\_\_\_  
Bedroom Window Sizes: \_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature