

PERMIT #

FEE \$

DATE RECEIVED



Town of Boxford – Office of the Inspector of Buildings
7A Spofford Road, Boxford, Massachusetts 01921
978-887-6000 x508

SOLID FUEL STOVE APPLICATION

OWNER OF RECORD:		
	MAP	BLOCK LOT
OWNER NAME (PRINT)	ADDRESS	
SIGNATURE OF OWNER	TELEPHONE	

CONTRACTOR:	
NAME / COMPANY (PRINT)	ADDRESS
CONTACT PERSON OR NAME OF APPLICANT	CELL PHONE #
SIGNATURE	TELEPHONE

DESCRIPTION OF WORK TO BE DONE		
TO BE INSTALLED IN:	HOME <input type="checkbox"/>	GARAGE <input type="checkbox"/> OTHER <input type="checkbox"/>
LOCATION OF STOVE: _____ COST \$ _____		

STOVE TYPE:	WOOD <input type="checkbox"/>	PELLET <input type="checkbox"/>	GAS <input type="checkbox"/>	KEROSENE <input type="checkbox"/>
MANUFACTURER:				
MODEL NAME & #		TEST LABEL:		
DIMENSIONS	HEIGHT:	LENGTH:	WIDTH:	

CHIMNEY:	NEW <input type="checkbox"/>	EXISTING <input type="checkbox"/>	SIZE/FLUE AREA:
OTHER APPLIANCES ATTACHED:	FLUE LINER	HEIGHT	CAP
METAL (MANUFACTURERE-NAME & TYPE)			
MASONRY	LINED <input type="checkbox"/>	UNLINED <input type="checkbox"/>	
HEARTH MATERIAL:		SUB-FLOOR CONSTRUCTION:	
WALL PROTECTION TYPE:			
CLEARANCES:			
HOOKUP THROUGH WALL (DESCRIPTION)			

<input type="checkbox"/> HOMEOWNER – I am applying for this permit as the HOMEOWNER-see attached form
<input type="checkbox"/> CONTRACTOR – I am applying for this permit as the CONTRACTOR & Owners' representative
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

PERMIT APPLICATION
INSTALLATION OF SOLID FULE HEATING DEWISE

HOMEOWNER LICENSE EXEMPTION FORM

Definition of Homeowner:

Person(s) who owns a parcel of land on *which* he/she resides or intends to reside, on which there is, or is intended to be, a one to six-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. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (Section 109.1.1)

NOTE:

Homeowners should also be aware that Under the Home Improvement Contractor Law of 1992 (M.G.L.c.142A) that if the homeowner applies for the building permit, he or she may NOT be eligible for compensation from the Guaranty Fund should a disagreement develop between the homeowner and the contractor.

Project Address

City/Town

The undersigned, "homeowner", assumes responsibility for compliance "with the State Building Code and other applicable codes, by-laws, rules and regulations."

The undersigned, "homeowner", certifies Boxford Building Department minimum inspection procedures & requirements and that he/she will comply with said procedures and requirements.

The undersigned, "homeowner", agrees and understands that ANY work requiring a Building Permit that is done on a structure 35,000 cubic feet or larger, will be required to comply with the Massachusetts State Building Code Section 127.0 Construction control. The degree and nature of the Architectural control required for State compliance will be determined by the Building Commissioner and based on the work to be done.

Homeowner's Signature

Date

Signed under the pains and penalties of perjury

Required signatures for all applications (MGL Ch 40 §57)	
COLLECTOR OF TAXES	DATE
APPROVED BY INSPECTOR OF BUILDINGS	DATE

WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L.C. 152 § 25C (6))	
Worker's Compensation Insurance affidavit MUST be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.	
Signed Affidavit Attached	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Solid Waste Disposal Affidavit	
In accordance with the provision of MGL c 40 §54, a condition of this building permit 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, §150A. The debris will be disposed of in:	
Name and Location of facility Date	Signature of Applicant

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 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.

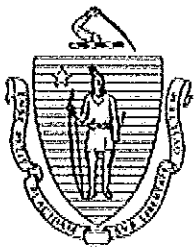
The Department's address, telephone and fax number:

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



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 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> |
|--|---|

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 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 #: _____

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 #: _____