

Building Permit Application

Solid Fuel Burning Appliance – Wood, Pellet, Coal, Etc.



Town of Chesterfield

422 Main Road – P.O. Box 175
 Chesterfield, MA01012
 Ph: (413) 296 – 0127
 Fax: (413) 296 - 0147

Building Permit Number: _____	Date Issued: _____
Signature _____ Building Commissioner	Map/Parcel _____/_____
Fee: \$50.00	

Site Information

Property Address: _____	Use (single family, multi family, commercial, etc) _____
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Property Owner Information

Name: _____	Address: (If different from above) _____
Signature: _____	Phone: _____
	Cell: _____

Contractor Information

Licensed Construction Supervisor: _____	CSL License Number: _____	Expiration Date: _____
Address: _____ Number and street _____ City/Town _____ Zip _____	Telephone: _____	Cell phone: _____
Signature: _____	HIC Registration Number: _____	Expiration Date: _____

Description of Proposed Work

Type of Appliance (Check One): <input type="checkbox"/> Wood Stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Coal Stove <input type="checkbox"/> Wood Furnace <input type="checkbox"/> Outdoor Wood Boiler
Manufacturer _____ Model _____
To be installed in what room? _____
Will this be the only appliance installed to vent into a single flue? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other information: _____ _____

COMPLETE ONLY ONE OF THE FOLLOWING:

EITHER:

Agent Authorization – To be completed when Licensed Contractor applies for building permit

I _____, as owner of the subject property hereby authorize
(print Owner's name)
_____, to act on my behalf in all matters relative to work
(print Licensed Contractor's name)
authorized by this building permit application.

Signature of Owner: _____ Date: _____

OR:

Homeowner license exemption – To be completed when homeowner wishes to act as General Contractor

Definition of a homeowner: (Legal definition per Mass. State Building Code)
*Person 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-or two-family dwelling, attached or detached structures accessory to such use and/or farm structures.*
Rental properties, or those occupied by anyone other than the owner do not qualify

I, _____ verify that I qualify as a homeowner **as defined above**, and wish to apply for a building permit in my own name. I will take full responsibility for all duties as general contractor, including, but not limited to understanding the requirements of the State Building Code, arranging for inspections and being present when inspections are done. I realize that I shall be responsible for all work, and for full compliance with the Mass. State Building Code. I shall further be responsible for all subcontractors working on the job, and that I shall have no access to the Guarantee Fund established by the Home Improvement Contractor Registration Program.

As General Contractor, I shall be solely responsible for the completion of all work

Signature: _____ Date: _____

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

Declaration of Accuracy – To be completed by person applying for permit – Contractor or Homeowner

I _____, as Owner/Agent hereby declare that the statements and
(print name)
information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury

Date: _____

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NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT MUST BE
SUBMITTED WITH EVERY PERMIT APPLICATION

If you are a homeowner, acting as General Contractor, check the box "I am a Homeowner doing the work myself", sign and date.



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>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 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>Type of project (required):</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 #: _____