

Application to Construct or Repair a Woodstove

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

SECTION 1 - Site Information:

1.1 Property Address:

1.2 Assessors Map, Block, Number:

1.3 Zoning District:

1.4 Property Dimensions:

Area: Frontage: Front: Rear: Right: Left: % Lot Coverage:

1.5 Building Setbacks:

1.6 Water Supply:

☐ Public ☐ Private

1.7 Sewage Disposal System:

☐ Municipal ☐ On Site Disposal System

1.8 Flood Zone:

Flood Zone Map:

SECTION 2 - Property Ownership/Authorized Agent:

2.1 Owner of Record:

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

2.2 Authorized Agent:

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

SECTION 3 - Construction Services:

3.1 Licensed Construction Supervisor:

License Number

Expiration Date

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

☐ Not Applicable

3.2 Registered Home Improvement Contractor:

License Number

Expiration Date

Name (print)

Address Line 1

Address Line 2

City, State, ZIP

Telephone

Fax

Signature

Date

☐ Not Applicable

SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(6)):

Workers' 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 ☐ No

SECTION 5 - Description of Proposed Work (check all applicable):

☐ New Construction ☐ Addition ☐ Other (specify) _____

☐ Existing Building ☐ Accessory Building ☐ Demolition

☐ Alteration(s) ☐ Repair(s)

Remarks:

Proposed Use:

SECTION 6 - Woodstove Detail:

Description:

UL Approval

Size of Chimney

Size of Flue:

☐ Other Device
Connected To Flue?

Description of Other Device:

BTU Output:

Chimney Hgt:

SECTION 7 - Estimated Construction Costs:

Building: Electrical: Plumbing: Mechanical: Fire Protect: Total Cost:

For Official
Use Only:

Permit Fee:

SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:

I, _____, as Owner of the above subject property hereby authorize
_____ to act on my behalf, in all matters relative to work authorized by this building permit.

Signature:

Date:

SECTION 9 - Owner/Authorized Agent Declaration:

I, _____, as Owner/Authorized Agent hereby declare that the statements
and 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.

Signature of Owner/Agent:

Date:

SECTION 10 - Approval Status: (For Official Use Only.)

Application Date:

Status Date:

☐ Approved

☐ Denied

☐ Pending

☐ Abandoned

☐ In Part

☐ Voided

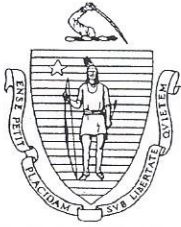
Remarks:

Permit Number:

Print Inspector Name:

Signature of Inspector:

Date:



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 attach 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 #: _____