

Office of the Inspector of Buildings

14 Court Sq., Greenfield, MA 01301 Phone (413) 772-1404 Fax 772-1566



APPLICATION TO CONSTRUCT, ERECT, REPAIR OR RENOVATE
A SHED GREATER THAN 200 SQUARE FEET OF FLOOR AREA
SIGN, TENT, OR FENCE GREATER THAN 6 FEET IN HEIGHT

This Section For Official Use Only					
Building Permit Number: _____		Date Issued: _____			
Signature: _____		Date: _____			
Building Commissioner/Inspector of Buildings					
SECTION 1 - SITE INFORMATION					
1.1 Property Address: _____		1.2 Assessors Map & Parcel Number:			
		Map # _____	Parcel # _____		
1.3 Setbacks (ft) For Sheds and Free standing signs					
FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided
SECTION 2 - ZONING/PLANNING					
2.1 Sewage Disposal () () On site Public		2.2 Zoning District _____		Zoning Permit Not Required () Required () ZBA# _____	
SECTION 3 - DESCRIPTION OF PROPOSED WORK (check all applicable)					
3.1 Shed	Front Yard [] Side/ Rear yard [] Peak height from grade _____ Dimensions: _____ ft (wide) x _____ ft (long)				
3.2 Tents (30 days or less)	Dimensions: _____ (L) x _____ (W) x _____ (H) Fire Rating _____ hrs Dates: From _____ to _____				
3.3 Signs	Wording on Sign _____				
3.4 Temporary Sign(s)	Attached to building [] Free Standing [] Other (specify) _____ Dates: From _____ To _____				
3.5 Permanent Sign(s)	Free Standing [] Height from grade _____ Dimensions: _____ ft x _____ ft Attached to Building [] Dimensions: _____ ft x _____ ft Attached to Building [] Dimensions: _____ ft x _____ ft				
3.6 Fence	Front Yard Height _____ Style: _____ Side & Rear Yards: Height _____ Style: _____				
SECTION 4- COSTS & FEES					
4.1 FEES FOR SIGNS, SHEDS, & TENTS					
ITEM	Fee each Item	# OF ITEMS	FEE SUB-TOTAL		
A. Tent	\$50.00 1 st tent + \$20.00 ea 2-5 same location \$15.00 ea 6 + tents				
B. Sign(s)	1-25 sq feet \$40.00 26-50 sq feet \$50.00 Above 50 sq feet-\$50.00 plus \$1.00 per sq.ft>50				
C. Shed(s)	\$30.00 plus \$10.00 per \$1000 of cost				

SECTION 5 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (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 6 - PROPERTY OWNERSHIP

Owner of Record: _____ (_____) _____
Name (Please Print) Telephone #

Current Address (Please Print) Town State Zip Code

SECTION 6.1 - AUTHORIZED AGENT - To be completed when installer is not acting as owner's agent

Authorized Agent: _____

Name (Please Print) Signature _____

Title (Please Print) _____ (_____) _____
Telephone #

Current Address (Please Print) Town State Zip Code

SECTION 7 - CONTRACTOR OR INSTALLATION SERVICES

Name (Please Print) _____

Not Required
[]

Company Name (Please Print) _____

License Number

Address (Please Print) _____

Signature _____ (_____) _____
Telephone #

Expiration Date

SECTION 8 - OWNER AUTHORIZATION - To Be Completed When Owners' Agent, Contractor or Installer Applies For Building Permit

I, _____ as Owner of the subject Property hereby
(Please Print)
authorize _____ to act on my behalf, in all matters
(Please Print Contractor's Name)
relative to work authorized by this building permit application.

Signature of Owner _____ Date: _____

SECTION 9 - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)

I, _____, as Installer/Owner/Authorized Agent
(Please Print) (Circle One)
hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury

Signature of Installer/Owner/Agent _____ 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:		Type of project (required):
1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*	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.†	6. <input type="checkbox"/> New construction
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.]	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.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> 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 #: _____

<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."

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