



City of GREENFIELD, MASSACHUSETTS

Department of Inspections and Enforcement

Roxann D. Wedegartner Mayor

Mark A. Snow Inspector of Buildings

City Hall • 14 Court Square • Greenfield, MA 01301
Phone: 413-772-1404 x 2105 • Mark.Snow@greenfield-ma.gov • www.greenfield-ma.gov

PERMIT APPLICATION TO INSTALL A SOLID FUEL BURNING APPLIANCE

For Wood, Coal, Pellet, Similar Stoves or Fireplace Inserts

This Section For Official Use Only

Signature: _____ Date: _____
Building Commissioner/Inspector of Buildings

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____

1.2 Assessors Map & Parcel Number: _____

Map # _____ Parcel # _____

SECTION 2 - DESCRIPTION OF PROPOSED WORK (check all applicable)

Type of Stove: ___ Pellet ___ Wood ___ Other Type ___ U.L approval No. ___
___ Insert ___ Stand Alone

Hearth: _____ Material _____ Size _____ Depth _____

Location: ___ Basement ___ First Floor ___ Second Floor ___ Other _____

Type of Exhaust: ___ Pipe ___ Dia. ___ Chimney
Size of Chimney to be connected to _____
Size of Flue Pipe into Chimney _____ Inch Dia.
Model No, if any _____
What is the BTU output of stove? _____
Is any other device connected to this chimney ___ Yes ___ No
If so, what is it and where is it located? _____

SECTION 3- FEES

Estimated cost of unit \$ _____

4.1 TOTAL FEE: \$50 per appliance RECEIPT #: _____ CHECK #: _____

SECTION 4- WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25c (6))
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 - PROPERTY OWNERSHIP Owner of Record: _____ (_____) _____
Name (Please Print) Telephone # _____

Current Address (Please Print)

Town/City

Zip Code

SECTION 5.1 - 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 6 - INSTALLER OF APPLIANCE

Name (Please Print)

Not Required[]

Company Name (Please Print)

License Number

Address (Please Print)

Expiration Date

Signature

(____) Telephone #

SECTION 7 - 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 8 - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)

I, _____, as Installer/Owner/Authorized Age(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 INSPECTION PERFORMED ON THE SOLID FUEL BURNING APPLIANCE WILL ONLY DETERMINE THAT THE APPLIANCE PLACEMENT MEETS CODE AND MANUFACTURERS SPECIFICATIONS.WHAT WILL BE CHECKED IS THE APPLIANCE DISTANCE TO ALL COMBUSTIBLE MATERIALS AND THAT THE STOVE FLUE IS CONNECTED PROPERLY TO THE THIMBLE & CHIMNEY.THE INSPECTER WILL BY NO MEANS GUARANTEE THE CHIMNEY IS SOUND OR OF PROPER SIZE FOR THE PROPER FUNCTIONING OF THE APPLICANCE. TO DETERMINE THIS PLEASE HIRE A CERTIFIED CHIMNEY SWEEP OR MASON TO INSPECT CHIMNEY.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

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 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.</p> <p>5. <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>6. <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>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #: _____