

Town of Palmer

Palmer Town Building
4417 Main Street
Palmer, Massachusetts 01069

Telephone: (413) 283-2638

Fax: (413) 283-2637

PERMIT FOR TENT OR TEMPORARY STRUCTURE

PERMIT # BT-202 -

**If construction is begun prior to receiving a permit, the fees will be doubled and fines will be imposed.*

Office Use

Rcvd: _____

Paid by: _____

Amt: _____

Ck/ Rcpt # _____

Ck /Rcpt date: _____

Cash []
Check []

1. **OWNER'S NAME:** _____ **PHONE:** _____ **DATE:** _____

2. **OWNER'S ADDRESS:** _____

3. **MAILING ADDRESS (if different):** _____

4. **PROPERTY LOCATION:** _____

contractor /installer phone: _____

5. **INSTALLER OR CONTRACTOR'S NAME:** _____

6. **INSTALLER OR CONTRACTOR'S ADDRESS:** _____

7. **HOME IMPROVEMENT CONTRACTOR'S REGISTRATION NO:** _____

Exp. Date: _____

8. **CONSTRUCTION SUPERVISOR LICENSE NO:** _____

Exp. Date: _____

9. **WATER/ SEWER or SEPTIC TIE IN - please circle appropriate tie in as applicable**

10. **PURPOSE FOR TENT(S) OR TEMPORARY STRUCTURE:** _____

NOTE: IF THE TEMPORARY STRUCTURE IS OPEN TO THE PUBLIC IT MUST BE ACCESSIBLE - RAMPS MAY BE REQUIRED

Parcel #: _____

11. **ON SITE LAYOUT OF TENT(S) or TEMPORARY STRUCTURE MUST BE PROVIDED: ATTACHED []**

12a. **TYPE OF TEMPORARY STRUCTURE:** _____

Zone: _____

12b. **# OF TENTS :** _____ **# OTHER TEMPORARY STRUCTURES:** _____

Use Code: _____

13. **DATES STRUCTURE(S) WILL BE UP** **From:** _____ **To:** _____

Acres: _____

14. **FLAME SPREAD RATING INFORMATION ON TENT MUST BE PROVIDED**

Information Attached []

15. **ESTIMATED COST:** _____

I as Owner of the subject property, hereby authorize (contractor/installer) _____ to act on my behalf, in all matters relative to work authorized by this building permit application

16. **OWNER'S SIGNATURE:** _____ **Date:** _____

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

17. **SIGNATURE (i\Installer/Applicant):** _____

Homeowners who secure their own permits will be excluded from the guaranty fund provisions. MGL142A S.2

Permit Fees: Tents: \$35.00 1st tent and \$10 for each additional tent at the same location for same time frame.
Temporary Mobile Home or Office Due to Fire or During Construction (up to 365 days)\$125.00
Other Temporary Structures (up to 180 days) - Residential: \$50.00 / Commercial: \$75.00

It is the responsibility of the applicant to remove the structure by the Expiration Date or apply for an extension prior to the permit expiration.

SET APPROVED: _____ FINAL (Structure removed): _____

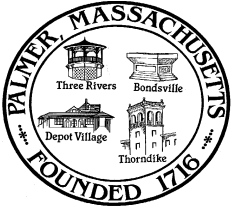
Issue Date: _____ Permit Expires: _____

INSPECTOR'S SIGNATURE: _____

For prompt processing both the Office and Applicant copies must be completed and turned in

Application will not be processed without both (2) completed copies

Office Copy



Town of Palmer

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PERMIT FOR TENT OR TEMPORARY STRUCTURE

PERMIT # BT-202 -

**If construction is begun prior to receiving a permit, the fees will be doubled and fines will be imposed.*

1. OWNER'S NAME: _____ PHONE: _____ DATE: _____
2. OWNER'S ADDRESS: _____
3. MAILING ADDRESS (if different): _____
4. PROPERTY LOCATION: _____
5. INSTALLER OR CONTRACTOR'S NAME: _____ contractor /installer phone: _____
6. INSTALLER OR CONTRACTOR'S ADDRESS: _____
7. HOME IMPROVEMENT CONTRACTOR'S REGISTRATION NO: _____ Exp. Date: _____
8. CONSTRUCTION SUPERVISOR LICENSE NO: _____ Exp. Date: _____
9. WATER/ SEWER or SEPTIC TIE IN - please circle appropriate tie in as applicable
10. PURPOSE FOR TENT(S) OR TEMPORARY STRUCTURE: _____

NOTE: IF THE TEMPORARY STRUCTURE IS OPEN TO THE PUBLIC IT MUST BE ACCESSIBLE - RAMPS MAY BE REQUIRED

11. ON SITE LAYOUT OF TENT(S) or TEMPORARY STRUCTURE MUST BE PROVIDED: ATTACHED []
- 12a. TYPE OF TEMPORARY STRUCTURE: _____
- 12b. # OF TENTS : _____ # OTHER TEMPORARY STRUCTURES: _____
13. DATES STRUCTURE(S) WILL BE UP _____ From: _____ To: _____
14. FLAME SPREAD RATING INFORMATION ON TENT MUST BE PROVIDED
Information Attached []
15. ESTIMATED COST: _____
I as Owner of the subject property, hereby authorize (Contractor/Installer) _____ to act on my behalf, in all matters relative to work authorized by this building permit application
16. OWNER'S SIGNATURE: _____ Date: _____
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.
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Permit Fees:	Tents: \$35.00 1st tent and \$10 for each additional tent at the same location for same time frame.
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It is the responsibility of the applicant to remove the structure by the Expiration Date or apply for an

SET APPROVED: _____ FINAL (Structure removed): _____
 Issue Date: _____ Permit Expires: _____

INSPECTOR'S SIGNATURE:

**For prompt processing both the Office and Applicant copies must be completed and turned in
Application will not be processed without both (2) completed copies**

Applicant Copy

Town of Palmer

Palmer Town Building
4417 Main Street
Palmer, Massachusetts 01069

Telephone: (413) 283-2638

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HOMEOWNER LICENSE EXEMPTION

Please Print:

DATE: _____

PERMIT NO: _____

JOB LOCATION: _____

HOMEOWNER: _____

HOME PHONE: _____

WORK PHONE: _____

MAILING ADDRESS: _____

The current exemption for “Homeowners” from licensing provisions allows an owner of an owner occupied one or two family dwelling, to engage an individual for hire who does not possess a license, provided that such homeowner then acts as supervisor. This exception shall not apply to field erection of a manufactured building constructed pursuant to 780 CMR 110.R3.

DEFINITION OF A 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 or two 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. (780 CMR, ~S 110.R5.1.2 & ~S 110.R5.1.3.1.)

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.

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

The undersigned “homeowner” certifies that he/she understands that the Town of Palmer Building Department minimum inspection procedures and that he/she will comply with said procedures and requirements.

The undersigned “homeowner” also certifies that he/she understands MGL 142 A § 2 a portion of which reads in part:

“Any contract entered into between a contractor and homeowner shall require the contractor to inform the homeowner of the following: (I) any and all necessary permits, (ii) that it shall be the obligation of the contractor to obtain said permits, and (iii) **that homeowners who secure their own permits will be excluded from the guaranty fund provisions of this chapter.**”

HOMEOWNERS SIGNATURE: _____

*The Commonwealth of Massachusetts Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100, Boston, MA 02114-2017
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
 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'

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:

Phone #: _____

Date: _____

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 #: _____

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
1 Congress Street, Suite 100
Boston, MA 02114-2017
Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia