

**TOWN OF PALMER**  
 Palmer Town Building  
 4417 Main Street  
 Palmer, Massachusetts 01069  
**OFFICE OF THE BUILDING INSPECTOR**  
 Telephone: (413) 283-2638  
 Fax (413) 283-2637

Permit # BP-202\_\_ - \_\_\_\_\_

Rcvd: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Paid by: \_\_\_\_\_

Ck. Or Rept.#: \_\_\_\_\_

Ck. Or Rept. Date: \_\_\_\_\_

## APPLICATION FOR A PERMIT TO CONSTRUCT REPAIR OR RENOVATE A ONE OR TWO FAMILY or the accessory structure(s) for the same

The applicant should be aware that The Town of Palmer requires that the owner confirm, prior to acceptance of the building permit application that no outstanding property taxes, water fees, etc. exist.

New Construction and additions require verification of setbacks by a **Massachusetts Registered Land Surveyor (RPLS)**.

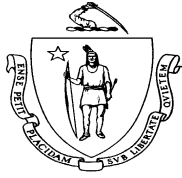
**Plans** must be included with all applications

Palmer has adopted the Stretch Code for insulation requirements. **Information on how the Stretch Code will be met must be provided with the application or the application will be considered incomplete.**

Submittals will not be considered complete until paper copies of all the information (plans, application, etc) have been submitted as well.

No application is considered complete until the **fee** has been paid.

TOWN OF PALMER CHECK LIST	
<b>1.</b>	<b>Site Address</b> _____ Map: _____ Parcel: _____ Lot: _____ Zone: _____ Use Code: _____
<b>2.</b>	<b>Land Usability – Conservation Commission</b> Signature: _____ Status: _____
<b>3.</b>	<b>Zoning – Planning Board or Building Inspector</b> Signature: _____ Permit Number(s) _____ Status: _____
<b>4.</b>	<b>Percolation/Septic or Municipal Wastewater</b> - Board of Health Signature: _____ Or Letter from Wastewater Treatment Plant Superintendent attached: _____ Status: _____
<b>5.</b>	<b>Potable Water – Board of Health or Letter from Water Superintendent</b> BOH Signature: _____ or Water Dept. Letter attached: _____ [ ] _____
<b>6.</b>	<b>Street Entrance Permit – Highway Superintendent &amp; Town Manager Permit Attached:</b> _____ [ ] _____ Permit # _____ Status: _____
<b>7.</b>	<b>Drainage Plan – Planning Board or Highway Superintendent</b> Signature : _____ Status: _____
<b>8.</b>	<b>Collector’s Signature (not delinquent on taxes)</b> _____ Status: _____



**The Town of Palmer**  
 Massachusetts State Building Code, 780 CMR  
 Building Permit Application  
 To Construct, Repair, or Renovate  
**a One- or Two-Family Dwelling**  
**or accessory structure(s) for the same**



This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:** \_\_\_\_\_ **1.2 Assessors Map & Parcel Numbers**

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_ Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_ Lot Number \_\_\_\_\_

**1.3 Zoning Information:** \_\_\_\_\_ **1.4 Property Dimensions:**

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_ Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

**1.6 Water Supply:** (M.G.L c. 40, §54) Public  Private  **1.7 Flood Zone Information:** Zone: \_\_\_\_\_ Outside Flood Zone? Check if yes  **1.8 Sewage Disposal System:** Municipal  On site disposal system

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
 No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
 Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2,3</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sq Foot Area of work area (alteration/addition / new construction) \_\_\_\_\_

Solar projects: Total # of Panels \_\_\_\_\_, SF of Each. Panel \_\_\_\_\_, Total kW \_\_\_\_\_, ESS on site \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee (see fee schedule) <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) /1000 x 5 + 25 _____ (solar) solar fee minimum is \$100.00 *add \$100.00 if structural work is involved and done by same contractor. Add \$100.00 for ESS Syst. 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
<b>6. Total Project Cost:</b>	\$ _____	





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OFFICE OF THE BUILDING INSPECTOR

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 and 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.

A portion of MGL 142 A § 2 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:**

1.  I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*

2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]

3.  I am a homeowner doing all work myself. [No workers' comp. insurance required.] †

4.  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. ‡

5.  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.]

**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 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 #: \_\_\_\_\_

**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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)