APPLICATION FOR A PERMIT TO DEMOLISH A STRUCTURE

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.

<table>
<thead>
<tr>
<th>TOWN OF PALMER CHECK LIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Site Address ____________ Map: _____ Parcel:____ Lot:____ Zone:_____ Use Code: ____________________________</td>
</tr>
<tr>
<td>2. Land Usability – Conservation Commission Signature: __________________________ Status: __________________________</td>
</tr>
<tr>
<td>3. Zoning – Planning Board or Building Inspector Signature: __________________________ Permit Number(s) __________________________ Status: __________________________</td>
</tr>
<tr>
<td>4. Percolation/Septic or Municipal Wastewater - Board of Health Signature: __________________________ Or Letter from Wastewater Treatment Plant Superintendent attached: __________________________ Status: __________________________</td>
</tr>
<tr>
<td>5. Potable Water – Board of Health or Letter from Water Superintendent BOH Signature: __________________________ or Water Dept. Letter attached: ______ [ ]</td>
</tr>
<tr>
<td>6. Street Entrance Permit – Highway Superintendent &amp; Town Manager Permit Attached: ______ [ ] ___ Permit #: __________________________ Status: __________________________</td>
</tr>
<tr>
<td>7. Drainage Plan – Planning Board or Highway Superintendent Signature: __________________________ Status: __________________________</td>
</tr>
<tr>
<td>8. Collector’s Signature (not delinquent on taxes) __________________________ Status: __________________________</td>
</tr>
</tbody>
</table>
The Town of Palmer
Massachusetts State Building Code, 780 CMR
Demolition Permit Application

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: ________________________________________________________________
1.1a Is this an accepted street? yes_____ no_____

1.2 Assessors Map & Parcel Numbers
Map Number       Parcel Number       Lot Number

1.3 Zoning Information:
Zoning District    Proposed Use
Lot Number

1.4 Property Dimensions:
Lot Area (sq ft)    Frontage (ft)

1.5 Building Setbacks (ft)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
<tr>
<td>Provided</td>
<td></td>
<td>Provided</td>
</tr>
</tbody>
</table>

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

2.1 Owner1 of Record:
Name (Print) __________________________________________
City, State, ZIP _________________________________________
No. and Street __________________________________________
Telephone __________________________ Email Address ________

SECTION 3: DESCRIPTION OF PROPOSED WORK2 (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 Work3:
________________________________________________________________________________________

SECTION 4: ESTIMATED DEMOLITION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Demolition Fee: $_______ Indicate how fee is determined:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Pools – $65.00 ea</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>□ Structures - $100.00 per story, for each building demolished</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>2. Other Fees: $_______</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>List: ________________________________</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>Total All Fees: $__________________</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>Check No. _____Check Amount: __<strong><strong>Cash Amount:</strong></strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Paid in Full □ Outstanding Balance Due: ______</td>
</tr>
</tbody>
</table>

1. Owner
2. Work
3. Description
### SECTION 5: CONSTRUCTION SERVICES

#### 5.1 Construction Supervisor License (CSL)

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>List CSL Type (see below)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1&amp;2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

#### 5.2 Registered Home Improvement Contractor (HIC)

<table>
<thead>
<tr>
<th>HIC Registration Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>HIC Company Name or HIC Registrant Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. and Street</th>
<th>City/Town, State, ZIP</th>
<th>Telephone</th>
</tr>
</thead>
</table>

### SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER’S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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

<table>
<thead>
<tr>
<th>Print Owner’s Name</th>
<th>SIGNATURE</th>
<th>Date</th>
</tr>
</thead>
</table>

### SECTION 7b: OWNER OR AUTHORIZED AGENT (CONTRACTOR) DECLARATION

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.

<table>
<thead>
<tr>
<th>Print Owner’s or Authorized Agent’s(Contractor) Name</th>
<th>SIGNATURE</th>
<th>Date</th>
</tr>
</thead>
</table>

### NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca). Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps).

2. When substantial work is planned, provide the information below:

   - Total floor area (sq. ft.) ________________________ (including garage, finished basement/attics, decks or porch)
   - Gross living area (sq. ft.) ______________________
   - Habitable room count __________________________
   - Number of fireplaces __________________________
   - Number of bedrooms ___________________________
   - Number of bathrooms __________________________
   - Number of half/baths __________________________
   - Type of heating system _________________________
   - Type of cooling system _________________________
   - Enclosed _________ Open ______________

3. Solar projects: Total # of Panels __________ , Total SF of Panels __________, Total kW ______________
Appendix 1
Town of Palmer
For Demolition Permits only

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Name of Applicant (please print) _______________________________________________________

Signature of Applicant _________________________________________________________________

Property Location (Please indicate Block # and Lot # from Assessors’ maps for locations for which a street address is not available)

__________________________    __________________________   _______________________
No. and Street                                              City /Town                                Zip

Name of Building (if applicable)

For the above described property the following action was taken:

Water Shut Off?         Yes ☐ No ☐ Provider notified and Release obtained?   Yes ☐ No ☐
Gas Shut Off?           Yes ☐ No ☐ Provider notified and Release obtained?   Yes ☐ No ☐
Electricity Shut Off?  Yes ☐ No ☐ Provider notified and Release obtained?   Yes ☐ No ☐
__________________________ Yes ☐ No ☐ Provider notified and Release obtained?   Yes ☐ No ☐
Other (if applicable)
__________________________ Yes ☐ No ☐ Provider notified and Release obtained?   Yes ☐ No ☐
Other (if applicable)

Property Information:
Distance from front boundary to structure:

Material of structure:

Size of structure:   #feet wide   #feet deep   #feet high   # stories   # units

Covering exterior walls:

Interior walls:
Roof style: flat, gable, mansard or gambrel?

Material of roof covering?

Square footage: 1st floor  Garage  2nd floor  Breezeway/Porch  other:

Is there any asbestos to be removed?

If yes, have you contacted the EPA?

FEDERAL: US EPA, REGION 1 (APC)
JFK FEDERAL BUILDING
BOSTON, MA 02203

(PLEASE ASK BOARD OF HEALTH OR CONSERVATION FOR A NOTIFICATION FORM IF YOU NEED ONE)

Where will the waste be disposed of?
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

Pers()ona(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: ________________________________
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 a 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 subcontractors listed on the attached sheet. These subcontractors 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.]

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:

---

**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):


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

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