APPLICATION FOR A PERMIT TO
CONSTRUCT OR INSTALL
A CHIMNEY OR SOLID FUEL BURNING EQUIPMENT

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><strong>1. Site Address</strong></td>
</tr>
<tr>
<td><strong>Use Code:</strong></td>
</tr>
<tr>
<td><strong>2. Land Usability – Conservation Commission</strong></td>
</tr>
<tr>
<td><strong>Status:</strong></td>
</tr>
<tr>
<td><strong>3. Zoning – Planning Board or Building Inspector</strong></td>
</tr>
<tr>
<td><strong>Permit Number(s):</strong></td>
</tr>
<tr>
<td><strong>4. Percolation/Septic or Municipal Wastewater</strong> - Board of Health</td>
</tr>
<tr>
<td><strong>Or Letter from Wastewater Treatment Plant Superintendent attached:</strong></td>
</tr>
<tr>
<td><strong>5. Potable Water</strong> – Board of Health or Letter from Water Superintendent</td>
</tr>
<tr>
<td><strong>Status:</strong></td>
</tr>
<tr>
<td><strong>6. Street Entrance Permit – Highway Superintendent &amp; Town Manager</strong></td>
</tr>
<tr>
<td><strong>Status:</strong></td>
</tr>
<tr>
<td><strong>7. Drainage Plan – Planning Board or Highway Superintendent</strong></td>
</tr>
<tr>
<td><strong>Status:</strong></td>
</tr>
<tr>
<td><strong>8. Collector’s Signature</strong> (not delinquent on taxes)</td>
</tr>
<tr>
<td><strong>Status:</strong></td>
</tr>
</tbody>
</table>

Page 1 of 6
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

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

1.4 Property Dimensions:

Lot Area (sq ft)                            Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard    | Side Yards     | Rear Yard

<table>
<thead>
<tr>
<th>Required</th>
<th>Provided</th>
<th>Required</th>
<th>Provided</th>
<th>Required</th>
<th>Provided</th>
</tr>
</thead>
</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 WORK (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 Work2:________________________________________________________

SECTION 4: ESTIMATED CONSTRUCTION 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. Building Permit Fee: $________ Indicate how fee is determined:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>☐ Standard City/Town Application Fee (see fee schedule)</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>☐ $45.00 each chimney, liner or solid fuel burning device.</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>2. Other Fees: $________</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>List:___________________________</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>Total All Fees: $______________</td>
</tr>
</tbody>
</table>

Check No. _____Check Amount: ______ Cash Amount:______
☐ Paid in Full  ☐ Outstanding Balance Due: __________
SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone               Email address

List CSL Type (see below) ____________________________

<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>
</tbody>
</table>

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP

Telephone               Email address

HIC Registration Number           Expiration Date

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 i.e. 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.

Print Owner’s Name                      SIGNATURE                      Date

SECTION 7b: OWNER1 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.

Print Owner’s or Authorized Agent’s (Contractor’s)Name                      SIGNATURE                      Date

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 Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. Attach applicable documents to application:
   a. Manufacturer’s specifications and installation requirements attached for stove: Yes [    ] No [    ]
   b. Manufacturer’s specifications and installation requirements attached for chimney liners or pre-manufactured [metal] chimneys: Yes [    ] No [    ]
   c. A set of plans for masonry chimney: Yes [    ] No [    ]
3. Size & Type of stove (manufacturer and model) ____________________________________________
4. Size & Type of Chimney: (manufacturer or site built)
   New: [    ] Existing: [    ] Lined [    ] Unlined [    ]
5. Size & material of hearth including base: ____________________________________________
6. Location of solid fuel burning stove in home: ____________________________________________
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,~$ 110.R5.1.2 & ~$ 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**

<table>
<thead>
<tr>
<th>Name (Business/Organization/Individual):</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td></td>
</tr>
</tbody>
</table>

**Are you an employer? Check the appropriate box:**

<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am an employer with ________ employees (full and/or part-time).*</td>
</tr>
<tr>
<td>2.</td>
<td>I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers’ comp. insurance required.]</td>
</tr>
<tr>
<td>3.</td>
<td>I am a homeowner doing all work myself. [No workers’ comp. insurance required.] †</td>
</tr>
<tr>
<td>4.</td>
<td>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.‡</td>
</tr>
<tr>
<td>5.</td>
<td>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.]</td>
</tr>
<tr>
<td>6.</td>
<td>New construction</td>
</tr>
<tr>
<td>7.</td>
<td>Remodeling</td>
</tr>
<tr>
<td>8.</td>
<td>Demolition</td>
</tr>
<tr>
<td>9.</td>
<td>Building addition</td>
</tr>
<tr>
<td>10.</td>
<td>Electrical repairs or additions</td>
</tr>
<tr>
<td>11.</td>
<td>Plumbing repairs or additions</td>
</tr>
<tr>
<td>12.</td>
<td>Roof repairs</td>
</tr>
<tr>
<td>13.</td>
<td>Other____________________</td>
</tr>
</tbody>
</table>

*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.**

<table>
<thead>
<tr>
<th>Insurance Company Name:</th>
<th>Policy # or Self-ins. Lic. #:</th>
<th>Expiration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Site Address:</td>
<td>City/State/Zip:</td>
<td></td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th>City or Town:</th>
<th>Permit/License #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing Authority (circle one):</td>
<td></td>
</tr>
<tr>
<td>1. Board of Health</td>
<td>2. Building Department</td>
</tr>
<tr>
<td>3. City/Town Clerk</td>
<td>4. Electrical Inspector</td>
</tr>
<tr>
<td>5. Plumbing Inspector</td>
<td>6. Other</td>
</tr>
</tbody>
</table>

Contact Person: __________________________ Phone #: __________________________

Page 5 of 6
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-MASSSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 7-2013