APPLICATION FOR A PERMIT TO REPLACE A
ONE OR TWO FAMILY MOBILE HOME
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.

Replacement, New Construction and Additions require verification of setbacks by a Massachusetts Registered Land Surveyor (RPLS). For Mobile Homes that are to be replaced, a site plan by an R.P.L.S. showing the setbacks is required for both the existing and the replacement Mobile Home(s).

Plans of all site built structures (with setbacks verified) i.e. decks etc., 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

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2.</td>
<td>Land Usability – Conservation Commission</td>
</tr>
<tr>
<td></td>
<td>Status</td>
</tr>
<tr>
<td>3.</td>
<td>Zoning – Planning Board or Building Inspector</td>
</tr>
<tr>
<td></td>
<td>Permit Number(s)</td>
</tr>
<tr>
<td></td>
<td>Status:</td>
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<tr>
<td>4.</td>
<td>Percolation/Septic or Municipal Wastewater</td>
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<tr>
<td></td>
<td>Or Letter from Wastewater Treatment Plant Superintendent attached:</td>
</tr>
<tr>
<td></td>
<td>Status:</td>
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<td>5.</td>
<td>Potable Water – Board of Health</td>
</tr>
<tr>
<td></td>
<td>BOH Signature: __________________________ or Water Dept. Letter attached: ___ [ ___ ]</td>
</tr>
<tr>
<td>6.</td>
<td>Street Entrance Permit – Highway Superintendent &amp; Town Manager</td>
</tr>
<tr>
<td></td>
<td>Permit #:</td>
</tr>
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<td></td>
<td>Status:</td>
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<td>7.</td>
<td>Drainage Plan – Planning Board or Highway Superintendent</td>
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<td>Status:</td>
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<td>8.</td>
<td>Collector's Signature (not delinquent on taxes)</td>
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<td>Status:</td>
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</table>
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: ___________________________ ___________________________
1.1a 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

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

2.1 Owner1 of Record:
Name (Print) ___________________________ City, State, ZIP ___________________________

No. and Street ___________________________ Telephone ___________________________ Email Address ___________________________

SECTION 3: DESCRIPTION OF PROPOSED WORK

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>□ Mobile Home replacement: $250.00 + site built structures</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>2. Other Fees: $_______ List: ____________________________________</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>Total All Fees: $________________</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>Check No. _____ Check Amount: _____ Cash Amount: _____</td>
</tr>
</tbody>
</table>

□ 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

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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>
<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)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP

Telephone

Email address

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

Print Owner’s Name SIGNATURE Date

SECTION 7b: OWNER’S 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) 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. 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 ______________________________ Number of decks/porches _______________________

   Type of cooling system ______________________________ Enclosed ______________ Open _____________


   Total Sq. Ft of Existing Mobile Home: ______________ Total Sq. Ft. of Replacement MH: ______________

   Year of Existing Mobile Home: ______________ Year of Replacement Mobile Home: ______________

   Location on lot of both the Existing and the New Mobile Home, with distances to lot lines, prepared by a Registered Land Surveyor, must be provided.
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: _____________________________________________
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.]

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:**

**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):**


**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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