

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 Rcpt.#: _____

Ck. Or Rcpt. Date: _____

APPLICATION FOR A PERMIT TO INSTALL, CONSTRUCT, REPAIR OR RENOVATE A SIGN

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.

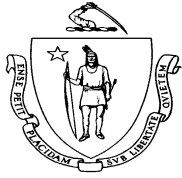
New Construction and additions require verification of setbacks by a **Massachusetts Registered Land Surveyor (RPLS)**. **Sign setbacks in relation to lot lines are required for all free-standing signs.**

Plans must be included with all applications . **A detailed sketch of the sign is required including size of sign face, overall dimensions and wording.** A Special Permit from the Planning Board is also required if the sign is over 16 square feet and not attached flat against a building wall and/or if larger than allowed in the zone in which the sign is to be installed.

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	
1.	Site Address _____ Map: _____ Parcel: _____ Lot: _____ Zone: _____ Use Code: _____
2.	Land Usability – Conservation Commission Signature: _____ Status: _____
3.	Zoning – Planning Board or Building Inspector Signature: _____ Permit Number(s) _____ Status: _____
4.	Drainage Plan – Planning Board or Highway Superintendent Signature : _____ Status: _____
5.	Collector’s Signature (not delinquent on taxes) _____ Status: _____



The Town of Palmer
 Massachusetts State Building Code, 780 CMR
 Building Permit Application
 To Install Construct, Repair, or Renovate
A SIGN



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 or Sign 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 OWNERSHIP¹

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 Work²: _____

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"/> \$50.00 per sign # of signs _____, x \$50.00 Total Fee \$ _____ 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)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL) or Installer

Name of CSL Holder or Installer

No. and Street

City/Town, State, ZIP

Telephone

Email address

License Number

Expiration Date

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP

Telephone

HIC Registration Number

Expiration Date

Email address

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/INSTALLER 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/INSTALLER) 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:

- 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
- FOR ALL SIGNS** provide the information below: if more than 1 sign attach a sheet with following information for each sign:
 Total area (sq. ft.) **Sign # 1** _____ This sign is: New [], Replacement []
 Dimensions of replaced sign: Length: _____ Width: _____ Height from grade: _____
 Dimensions of new sign: Length: _____ Width: _____ Height from grade: _____
 Type of sign: ([check all appropriate boxes for this sign](#)) Front wall [], Side wall [], Pole [], Ground [],
 Directory [], Window [], Directional [], Awning or Canopy []
Wall area of Façade of 1 story occupied by the establishment (where sign is to be located) _____
Window area where sign is to be located – if window sign: _____
 Type of sign lighting _____ Number of Kelvins _____
 Wording on Sign: _____
- Include a plan of the sign and a picture and/or sketch as located on the building or lot- free standing signs require plot plan with dimensions to lot line by Massachusetts Registered Land Surveyor (RPLS).



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

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:

- | | |
|--|---|
| <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
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."

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