



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

**Town of
Becket**
Revised January
1, 2008

APPLICATION TO INSTALL SOLID FUEL-BURNING APPLIANCE

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
Building Commissioner/ Inspector of Buildings 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 _____
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 <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? _____ Check if yes <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ Address for Service: _____
Signature _____ Telephone _____

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 <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 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: 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 6: CONSTRUCTION SERVICES

6.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder _____

Address _____

Signature _____

Telephone _____

License Number _____ Expiration Date _____
 List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

6.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

Address _____

Signature _____

Telephone _____

Registration Number _____

Expiration Date _____

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.

Signature of Owner _____

Date _____

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name _____

Signature of Owner or Authorized Agent (Signed under the pains and penalties of perjury) _____

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

Total floors 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 _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

SECTION 8 - TOWN COLLECTOR

Pursuant to Massachusetts General Laws, Chapter 40, Section 57, (8/1/94) which provides for the denial, revocation, or suspension of local licenses and permits to any person, corporation, or business enterprise who has neglected or refused to pay any local taxes, fees, assessments betterments, or any other municipal charges:

You May Proceed

Town Collector

You May Not Proceed

Town Collector

with the application for the attached license or permit.

Date approved _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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 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>
<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>	

*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 their workers' comp. policy information.

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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Revised 5-26-05

This document is required for all sub-contractors.



Town of Becket
Office of the Building Inspector
557 Main Street
Becket, Massachusetts 01223
Phone (413) 623-8934 ext. 14 FAX (413) 623-6036

CONSTRUCTION DEBRIS AFFIDAVIT
(Required for all Demolition and Renovation Work)

In accordance with the provisions of MGL Chapter 40 § 54, a condition of demolition/renovation permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111 §150A.

Address of Project

(If the debris will not be disposed as indicated, the holder of the permit shall notify the building official in writing, as to the location where the debris will be disposed.)

The debris will be transported by: _____
Name of Hauler

The debris will be disposed at what facility: _____

Signature of permit applicant

Date



Town of Becket
Office of the Building Inspector
557 Main Street
Becket, Massachusetts 01223
Phone (413) 623-8934 ext. 14 FAX (413) 623-6036

HOMEOWNER LICENSE EXEMPTION

Homeowner: _____

Address: _____

Job location: (if different) _____ Map _____ Lot _____

For the purposes of 780 CMR 108.3.5, a "Homeowner" is defined as follows: Person(s) who own 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.

In accordance with 780 CMR R5: The Rules and Regulations for the Licensing of Construction Supervisors:

No person shall be engaged in the supervision of the field erection of a manufactured building unless such person is licensed as a Construction Supervisor and is certified by the manufacturer as an installer. There is no exception that shall apply to the field erection of a manufactured building pursuant to 780 CMR 35 and 780 CMR R3.

No person shall be engaged in the supervision of the field erection of any building unless such person is licensed.

Exception: Any Home Owner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 108.3.5; provided that if a Home Owner engages a person(s) for hire to do such work, that such Home Owner shall act as supervisor.

Also be advised that with reference to Chapter 152 (Worker's Compensation) and Chapter 153 (Liability of Employers to Employees Laws Annotated), you may be liable for person(s) you hire to perform work for you under this permit.

In accordance with 780 CMR: Home Improvement Contractor Law: Persons contracting with an unregistered contractor do not have access to the guaranty fund.

The undersigned "homeowner" certifies, understands and assumes responsibility for compliance with the Massachusetts State Building Code and the Town of Becket By-laws, rules and regulations, state and local zoning laws, and Massachusetts general laws annotated.

HOMEOWNER SIGNATURE: _____

Date



Office of the Building Inspector
557 Main Street
Becket, Massachusetts 01223
Phone (413) 623-8934 ext. 14 FAX (413) 623-6036

CHECKLIST FOR SOLID FUEL BURNING APPLIANCE INSTALLATION

Owner: _____ Installer Name: _____
Address: _____ Company Name: _____
Date of Installation: _____ Inspector: William E Girard

SOLID FUEL BURNING HEATING APPLIANCE LABEL INFORMATION

Type - Radiant Circulating
Manufacturer's name & trademark _____
Name / Model # _____
Label serial number _____
Type(s) of approved fuel(s) Wood Pellets Coal
Testing laboratory's name or trademark and location _____
Manufacture date _____
Label Clearances to combustibles (inches): Top _____ Front _____ Back _____ Sides _____
Appliances listed and tested by: _____ UL 1482 and /or ANSI/ UL 737

CLEARANCES TO COMBUSTIBLES / WALL PROTECTION

Type of wall protection _____
Clearances from ceiling Appliance _____ Connector _____
Clearances from N wall _____ _____
Clearances from S wall _____ _____
Clearances from E wall _____ _____
Clearances from W wall _____ _____

CHIMNEY

New Existing Size (Flue Area) _____
Other appliances connected to flue - No Yes Number __ & Flue size _____
Flue shall not vent an operating fireplace. Solid fuel connector, when separate shall enter at a minimum of six (6) inches below liquid fuel connector. Flue shall be sized to serve all units simultaneously.
Masonry - Solid Flue liner
Metal (Manufacturer & Type) _____ UL 103 CAN/ ULC S629 M87
Height _____ Cap Connector pipe - Single wall 3 screws per connection Yes No Type L
Cleanout opening - Within six (6) inches of base of masonry chimney. Yes No

HEARTH

Material: _____ Subfloor: _____
Extension beyond solid fuel appliance _____

3610.6.6 Connection to masonry fireplaces: A solid fuel-burning appliance such as a stove or fireplace insert shall be permitted to use a masonry fireplace flue where the following conditions are met:

1. There is a connector that extends from the appliance to the flue liner;
2. The cross-sectional area of the flue is no more than three times the cross-sectional area of the flue collar of the appliance but never less than the appliance exhaust collar cross-sectional area;
3. If the appliance vents directly through the chimney wall above the smoke chamber of the fireplace, there shall be a noncombustible seal below the entry point of the connector, sealing the fireplace from the appliance;
4. The installation shall be such that the chimney system can be inspected and cleaned;
5. Means shall be provided to prevent dilution of combustion products in the chimney flue with air from the habitable space.