

# TOWN OF SPENCER

*Office of Development & Inspectional Services*



Memorial Town Hall  
 157 Main Street  
 Spencer, MA 01562

Tel: 508-885-7500 ext. 180  
 Fax: 508-885-7519

Town Planner  
 Inspector of Buildings  
 Health Agent  
 Wetland/Soil Specialist

## APPLICATION FOR DEMOLITION PERMIT

Date \_\_\_\_\_

Permit No. \_\_\_\_\_

1. Type of Permit     New Construction     Addition     Alteration     Repairs     Demolition  
                           Shed                     Trailer                     Swimming Pool     Other \_\_\_\_\_

2. Property Information

Location of Property \_\_\_\_\_ Map/Parcel# \_\_\_\_\_  
 Name and Address of Property Owner \_\_\_\_\_ Tel # \_\_\_\_\_  
 If new owner, previous owner and date title recorded \_\_\_\_\_  
 Use Group of Building \_\_\_\_\_ If dwelling, Number of units \_\_\_\_\_  
 Will Use Group be changed? \_\_\_\_\_ Specify Changes \_\_\_\_\_

3. Professional Services

Name and Address of Architect \_\_\_\_\_  
 Name of Contractor \_\_\_\_\_ Tel # \_\_\_\_\_  
 Address of Contractor \_\_\_\_\_  
 Mass Construction Supervisors License \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Home Improvement Contractor Registration \_\_\_\_\_ Expiration Date \_\_\_\_\_

4. **Workers' Compensation Insurance – A certificate of insurance indicating a valid Workers' Comp. Insurance Policy and a completed Workers' Comp. Insurance Affidavit must be submitted with this application.**

5. Area of lot \_\_\_\_\_ s/f                    Percentage of lot coverage \_\_\_\_\_ %
6. Proposed Foundation Dimensions    Front \_\_\_\_\_    Rear \_\_\_\_\_    L/side \_\_\_\_\_    R/side \_\_\_\_\_
7. Footprint of New Construction (s/f) \_\_\_\_\_                    Total Footprint \_\_\_\_\_
8. Setbacks                    Front \_\_\_\_\_                    Rear \_\_\_\_\_                    Left side \_\_\_\_\_                    Right side \_\_\_\_\_
9. Living Area First Floor \_\_\_\_\_ s/f    Living Area Above First Floor \_\_\_\_\_ s/f    Total Living Area \_\_\_\_\_  
     Area of Garages/Barns \_\_\_\_\_ s/f    Area of Decks/Porches \_\_\_\_\_ s/f    Area of Non-Living Space \_\_\_\_\_
10. Height of Building or addition (above mean average grade) \_\_\_\_\_
11. Sewage Disposal System     Municipal     Private    Town Official Approval \_\_\_\_\_
12. Water Supply                     Municipal     Private    Town Official Approval \_\_\_\_\_
13. Approval from Town Collector for all taxes paid \_\_\_\_\_
14. Estimated Construction Cost, including Wiring, Plumbing & Gas \_\_\_\_\_

**DETAILED DESCRIPTION OF PROPOSED WORK – SCOPE OF WORK**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fee _____	
Permit No. _____	
Date issued _____	
ZBA _____	
ConCom _____	
_____	

\_\_\_\_\_  
 Signature of Owner

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone

**TOWN OF SPENCER**  
*Office of Development & Inspectional Services*



*Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health*

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*Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist*

**REQUIREMENTS FOR  
DEMOLITION PERMIT**

*Memorial Town Hall  
157 Main Street  
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*Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519*

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**REQUIREMENTS FOR DEMOLITION PERMIT**

1. Verification of Asbestos Removal completed or inspection report stating no presence of Asbestos.
2. Utility Disconnects – form attached must be completed by utility companies.
3. Solid Waste Disposal Form (M.G.L. c111, s150A).
4. Notice to adjoining owners – 112.2 form must be completed and returned with a copy of letter sent to owners.
5. A Certified Plot Plan of existing property showing all building to be demolished.
6. Worker's Compensation Insurance Affidavit.
7. Submit Application for Demolition Permit, all of the above information and fee at the same time.



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Zoning Board of Appeals  
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UTILITY  
DISCONNECTION  
FORM

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

Tel: 508-885-7500 ext. 180  
Fax: 508-885-7519

Disconnect form to be returned to the Building Department with permit application.

Date \_\_\_\_\_

\_\_\_\_\_  
Demolition Site

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Contractor

Signatures or written statements of authorized persons for utility companies and/or other required departments must be included below and/or as attachments to this form. Note: A permit to demolish a building shall not be issued until a release is obtained from the utility companies stating that their respective service connection and appurtenant equipment have been removed, sealed or capped in a safe manner.

Date \_\_\_\_\_

Electric Company \_\_\_\_\_  
Authorized Signature

Date \_\_\_\_\_

Gas Company \_\_\_\_\_  
Authorized Signature

Date \_\_\_\_\_

Water Department \_\_\_\_\_  
Authorized Signature

Date \_\_\_\_\_

Sewer Department \_\_\_\_\_  
Authorized Signature

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**DEBRIS DISPOSAL**

**COMMONWEALTH OF MASSACHUSETTS  
DEBRIS DISPOSAL**

IN ACCORDANCE WITH THE PROVISIONS OF MGL C40, S54, A CONDITION OF BUILDING PERMIT NUMBER \_\_\_\_\_ IS THAT THE DEBRIS RESULTING FROM THIS WORK SHALL BE DISPOSED OF IN A PROPERLY LICENSED SOLID WASTE DISPOSAL FACILITY AS DEFINED BY MGL C111, S150A.

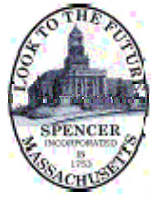
\_\_\_\_\_  
LOCATION OF FACILITY

\_\_\_\_\_  
CONSTRUCTION SITE ADDRESS

\_\_\_\_\_  
SIGNATURE OF PERMIT APPLICANT

\_\_\_\_\_  
DATE

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## **NOTIFICATION TO ABUTTERS**

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PER 780 CMR 112.0

DEMOLITION OF STRUCTURES

STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

112.2 NOTICE TO ADJOINING OWNERS:

THE FOLLOWING ADJOINING OWNERS HAVE BEEN NOTIFIED OF  
DEMOLITION OF STRUCTURE LOCATED AT: \_\_\_\_\_

Name:	Address:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Signature of Applicant: \_\_\_\_\_



*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 #: \_\_\_\_\_

**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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

**COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CENTRAL REGIONAL OFFICE**

**ATTACHMENT A**

**MUNICIPAL ALERT  
ASBESTOS REMOVAL / DEMOLITION**

**Prior to issuance of a local demolition permit, the following items should be addressed by the demolition contractor/applicant/owner:**

1. Under federal regulations, 40 CFR Part 61 Subpart M (NESHAPS), buildings intended to be demolished are required to be surveyed for the presence of asbestos. In the survey, all building materials must be assessed as potential asbestos materials (insulation, flooring, wallboard, plaster, roofing, siding, etc.).
2. Asbestos materials identified in the structure to be demolished must be removed, in accordance with Department of Environmental Protection (DEP) (310 CMR 7.15) and Department of Labor & Industries (DLI) (453 CMR 6.00) regulations, prior to demolition. A Commonwealth of Massachusetts Asbestos Notification Form, Form ANF-001, is required to be filed with the DEP and DLI (jointly) at least 10 working days prior to commencement of asbestos removal. You may contact the appropriate DEP regional office to determine whether or not a notification has been filed for a particular project.
3. Demolition of **ANY** industrial, commercial, institutional or residential building with 4 or more dwelling units requires a DEP demolition notification (Form BWP-AQ-06). This notification is required, under 310 CMR 7.09 which also incorporates the federal regulations, to be filed at least 10 working days prior to commencing demolition. You may contact the appropriate DEP regional office to determine whether or not a state demolition notification has been filed for a particular project.
4. Municipal building inspectors should request that copies of the following be attached to local demolition permit applications:
  - ....NESHAPS building survey for asbestos materials
  - ....Commonwealth of MA Asbestos Removal Notification Form (ANF-001)
  - ....DEP Demolition Notification Form (BWP-AQ-06)