Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

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

BUILDING PERMIT APPLICATION for Existing Buildings

Date_____ Permit No. _____

1. Type of Permit: □ Alteration □ Repairs □ Shed □ Temporary Trailer/ Structures □ Garage (Only if attached)
□ Above-Ground Swimming Pool □ In-Ground Swimming Pool □ Rooftop Solar □ 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. Setbacks Front_____ Rear_____ Left side_____ Right side_____

6. Signature from Tax collector that all taxes, liens, etc....paid: _____

7. Signature from Assessors Office: _____

8. Estimated Construction Cost, including Wiring, Plumbing & Gas _____

9. The homeowner/contractor must file with the Conservation Commission if ANY work is within 100 feet of any wetland, stream, lake or pond. If you are not sure, a Request for Determination must be filed along with the Building Permit Application.
Will you be working 100 feet of any wetland Y___ N___

10. If yes to #9, Signature from Conservation Commission: _____

11. Will this project relocate/reconfigure/repave an existing driveway or build a new driveway: Y___ N___

12. If yes to #11, Highway Department Signature: _____

DETAILED DESCRIPTION OF PROPOSED WORK – SCOPE OF WORK

_____

_____

_____

Fee _____ Permit No. _____ Date issued_____ ZBA _____	

_____
Signature of Owner

_____
Address

_____
Phone

Building Permit issued pursuant to 780 CMR, Massachusetts State Building Code Requirements

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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

_____
CONSTUCTION SITE ADDRESS

_____
SIGNATURE OF PERMIT APPLICANT

_____
DATE

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.
TO BE FILED WITH THE PERMITTING AUTHORITY.

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 a 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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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 ‡
6. ☐ 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.]

Type of project (required):

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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 #:** _____

TOWN OF SPENCER

Office of Development & Inspectional Services
157 Main Street, Spencer, MA 01562

AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

The Office of Consumer Affairs and Business Regulation ("OCABR") regulates the registration of contractors and subcontractors performing improvements or renovations on detached one to four family homes. Prior to performing work on such homes, a contractor must be registered as a Home Improvement Contractor ("HIC").

M.G.L. Chapter 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units....or to structures which are adjacent to such residence or building" be done by **registered** contractors.

Note: If the homeowner contracted with a corporation or LLC, that entity must be registered.

Type of Work:_____ Est. Cost_____

Address of Work:_____

Date of Permit Application:_____

I hereby certify that:

Registration is not required for the following reason(s):

___ Work excluded by law:(explain)_____
___ Job under $1,000.00
___ Building not owner-occupied
___ Owner obtaining own permit (explain)_____
___ Other (specify)_____

OWNERS OBTAINING THEIR OWN PERMIT OR ENTERING INTO CONTRACTS WITH UNREGISTERED CONTRACTORS OR SUBCONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK ARE NOT ELIGIBLE FOR AND DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. Chapter 142A.

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

Date Contractor Name HIC Registration No.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

Date Owner Name and Signature

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 11-22-06

Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

The Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, Massachusetts 02108-1618
Phone (617) 727-3200
Fax (617) 727-5732
www.mass.gov/dps

Daniel Bennett
Secretary

Matt Carlin
Commissioner

HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, _____ (full legal name), born _____ (month, day, year), hereby depose and state the following:

1. I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.

2. I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.

3. I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:

   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 home owner.

4. I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.

5. If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.

Signed under the pains and penalties of perjury on this _____ day of _____, 20___.

_____
(signature)

Homeowner/Contractor Warning Notice

- Homeowner is defined as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or farm structures. **If you do not meet this definition a building permit cannot be issued to you as the homeowner.**
- You will be **personally responsible** for all work on this project.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
- You must supervise all work.
- You must call the Building Dept. to schedule all required building inspections.
- If homeowner you must be present for all building inspections.
- If homeowner you have waived all rights to the Massachusetts Guaranty Fund.
- If homeowner you are the General Contractor of the project and the court of law will view you as such if you are sued, or if you should have the need to sue another party.
- If homeowner our subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Worker's Compensation Insurance.
- Failure to carry Worker's Compensation Insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c. 152/25)
- You must file with the Conservation Commission if ANY work is within 100 feet of any wetlands, stream, lake or pond. If you are not sure, a Request for Determination must be filed along with the Building Permit Application.

  Are you working within 100 Feet of wetlands? ___ **Yes** ___ **No** ___ **Not Sure**

- You must have Utilities & Facilities sign the front page of the application if you check yes for any of the following.

  Are you working within 15 feet of the Road? ___**Yes** ___**No**
  Are you creating a new driveway? ___Yes ___No
  Are you reconstructing or altering an existing driveway? ___ Yes ___ No

Homeowner Signature: _____ ***Date:*** _____
Or
Contractor Signature: _____ ***Date:*** _____

Your signature verifies you have read this warning and understand its requirement.

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Stormwater Permit Application Checklist

Date_____

Name of applicant(s)_____Tel #_____

Address of Applicant(s)_____

Type of Permit*_____

Location of property_____Map/Parcel#_____

Name(s) of Property Owner(s)_____Tel #_____

Address(es) of Property Owner(s)_____

Is proposed Land Conversion Activity ** Equal or Greater than 1 acre? Yes_____No_____

If Yes, Stormwater Permit Required. If No, Answer Questions 1-3 below:

1. Is proposed work located within 100 feet of any existing or proposed inlet to any storm drain, catch basin, or other storm drain system component discharging to any lake, pond, river, stream or wetland?

Yes_____No_____

2. Does project occur on or result in a slope of 15% or greater.?

Yes_____No_____

3. Does proposed Land Conversion Activity** disturb greater than 10,000 square feet in area?

Yes_____No_____

<u>If Yes to 2 or more of the above, Stormwater Permit Required.</u>

<u>If Yes to less than 2 of the above, No Stormwater Permit Required.</u>

Is project located in the Aquifer Protection District? Yes_____No_____

Will this project relocate/reconfigure/repave an existing driveway or build a new driveway?

Yes_____No_____

If yes to above, please list: Driveway Permit No._____ Date Approved:_____

Other approvals/permits required:_____

** This form must be completed for all projects that disturb soil or vegetation.*

Definition of Land Conversion Activity: Any new Development, Redevelopment, Clearing, or Disturbance of Land****.*

**** Definition of Clearing: Any activity that removes or disturbs the vegetative surface cover.*

***** Definition of Disturbance of Land: Any action, including clearing, that causes a change in the position, location, or arrangement of soil, sand, rock, gravel or similar earth material.*

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Instructions for a Building Permit Application

Application for a Building Permit to the Town of Spencer must include a completed Building Permit Application, Building Plans, a Certified Plot Plan, a current Certificate of Insurance and Insurance Affidavit, copy of Construction Supervisor License, a Home Improvement Registration Affidavit with copy of the registration (if applicable), and the appropriate fee. *Incomplete applications will not be accepted.*

BUILDING PERMIT APPLICATION

All Building Permit Application Forms must be filled out accurately and completely. Please print legibly or type the information. The permit location must include the house number and full street name. Approval required from all applicable departments or the necessary copy of documentation from said department.

All applications must be signed by the owner of record.

TOWN COLLECTOR for verification that all taxes have been paid
BOARD OF ASSESSORS for map, parcel and house number.
BOARD OF HEALTH for well and/or septic system.
CONSERVATION COMMISSION for wetland issues.
SEWER/WATER DEPARTMENT for town connections.
HIGHWAY DEPARTMENT for driveway permit and Scenic Road permit.
FIRE DEPARTMENT for new construction/ bedroom additions/ all commercial permits.

WORKERS' COMPENSATION INSURANCE

All applications must include a current Certificate of Insurance indicating Workers' Compensation Insurance with the Town of Spencer listed as the certificate holder for all contractors working on site and completed Workers' Compensation Insurance Affidavit signed by the contractor or the property owner.

HOME IMPROVEMENT REGISTRATION AFFIDAVIT

All proposed home improvement work, including accessory structures and in-ground swimming pools, require a completed Home Improvement Registration Affidavit signed by the contractor or the property owner.

PLOT PLAN

An accurate Plot Plan must be submitted for all new construction, additions and swimming pools. The plan must be drawn to scale and must show all boundaries, frontage and setbacks. All existing and proposed structures must be clearly shown. Plan must have an original seal and signature of a registered land surveyor.