

TOWN OF SPENCER  
Office of Development & Inspectional Services



Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health

Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist

Commercial Septage  
Collection & Disposal  
Application

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

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

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

If business is individually owned, name and address of owner:

If business is owned in partnership, names and addresses of officers:

State of Incorporation: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Vehicle:

1. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

DPU License # \_\_\_\_\_ Registration # \_\_\_\_\_

2. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

DPU License # \_\_\_\_\_ Registration # \_\_\_\_\_

3. Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

DPU License # \_\_\_\_\_ Registration # \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

PLEASE SUBMIT WITH CHECK OR MONEY ORDER MADE PAYABLE  
TO THE "TOWN OF SPENCER"

For Official Use Only: Permit # \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

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## Tax Compliance Certificate

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

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

MASSACHUSETTS GENERAL LAWS, CH.62 S49A (b)

I hereby certify that I have complied with all the laws of the  
Commonwealth of Massachusetts relating to taxes.

(1) Individual Contractor\*

\_\_\_\_\_  
(company name)

\_\_\_\_\_  
(print name & title)

\_\_\_\_\_  
(signature)

(2) Corporation, Association or Partnership

\_\_\_\_\_  
(firm name)

\_\_\_\_\_  
(print name & title)

\_\_\_\_\_  
(signature)

Signed under the pains and penalties of perjury on \_\_\_\_\_  
(date)

\*Note to Contractor: Please sign at (1) or (2), whichever applies.



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: General Businesses

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <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"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: _____	Permit/License # _____
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office	
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 your insurance company's name, address and phone number along with a certificate 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). 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)

# **INSTALLERS REGULATIONS**

1. CONTRACTOR/INSTALLER MUST NOTIFY BOH 24 HOURS PRIOR TO START OF ANY SYSTEM CONSTRUCTION.
2. ALL INSPECTIONS MUST BE ARRANGED AT LEAST 24 HOURS IN ADVANCE.
3. INSTALLER IS RESPONSIBLE FOR NOTIFICATION TO DESIGN ENGINEER FOR ALL INSPECTIONS.
4. MINIMUM INSPECTIONS-INITIAL EXCAVATION, ALL COMPONENTS PRIOR TO BACKFILLING, FINAL COVER.
5. ADDITIONAL INSPECTIONS ARE \$50.00 EA.
6. FINAL COVER MUST BE A MIN. OF 4' COMPACTED SCREENED TOPSOIL, SEEDED AND STABILIZED.\*
7. IF FINAL COVER IS TO BE DONE AT A LATER DATE, A COMPLETION DATE MUST BE IN WRITING BY INSTALLER OR OWNER, AND APPROVED BY BOH.
8. TRANSIT, MEASURING POLE, AND TAPE MEASURE MUST BE AVAILABLE AND SET UP UPON ARRIVAL OF INSPECTOR.
9. MACHINERY, EQUIPMENT, AND MATERIALS MUST NOT BLOCK SYSTEM COMPONENTS OR BENCHMARK DURING ANY INSPECTION.

\*DURING NON-GROWING SEASONS (NOVEMBER THROUGH MAY) ALL AREAS MUST BE STABILIZED USING EROSION CONTROL, BLANKETS, HYDROSEEDING, HYDROSEALING, SHREDDED HAY, MULCH OR EQUAL TECHNOLOGY APPROVED BY BOH. INSTALLER MUST RETURN NO LATER THAN MAY 31<sup>ST</sup> TO INSPECT AND REPAIR ANY DAMAGED AREAS AND TO SEED IF NECESSARY.

\*\* ANY VIOLATION OF THESE OR ANY REGULATIONS REGARDING THE INSTALLATION OF ON-SITE DISPOSAL SYSTEMS SHALL RESULT IN A NON-CRIMINAL DISPOSITION FINE OF NOT LESS THAN \$50.00 AND NOT TO EXCEED \$300.00 PER VIOLATION. EACH DAY CONSTITUTES A SEPARATE VIOLATION.