TOWN OF WESTMINSTER

NAME OF OWNER				DATE	PERMIT #
ADDRESS OF OWNER				TELEPHONE	
LOCATION OF PROPERTY NO. STREET		IF IN A SUBDIVISION - NAME			LOT NO.
SIDE OF STREET ☐ NORTH ☐ SOUTH ☐ EAST ☐ WEST	MAP #	PARCEL #	SIZE OF LOT ☐ SQ. FT. ☐ ACRES		ZONING
PURCHASED PROPERTY FROM	DATE	ARE THERE ANY BODIES OF WATER, STREAMS OR SWAMP AREAS ON OR BUTTING LOT? ☐ YES ☐ NO			
LAND AREA DISTURBANCE ☐ 10,000 SF TO 1 ACRE (43,560 SF) LID REGULATIONS = **CONSERVATION AGENT** ☐ OVER 1 ACRE (43,560 SF) STORM WATER MANAGEMENT = **PLANNING BOARD**					
BUILDER'S NAME				TELEPHONE	
BUILDER'S ADDRESS				LICENSE #	HIC #
EMAIL ADDRESS:					
PURPOSE OF NEW BUILDING OR ALTERATION					SQ. FT. AREA
IS THERE PLUMBING, HEATING, ELECTRICAL OR SHEET METAL ASSOCIATED WITH THIS CONSTRUCTION?	☐ PLUMBING ☐ HEATING ☐ ELECTRICAL ☐ SHEET METAL ☐ NONE				
OVERALL DIMENSIONS OF BUILDING	NO. OF STORIES	NO. OF ROOMS	NO. OF FAMILY UNITS	IS SEWERAGE SYSTEM TO BE: ☐ CONSTRUCTED ☐ REPAIRED ☐ ALTERED	
NO. OF BEDROOMS	NO. OF BATHROOMS	NO. OF LAVATORIES	NO. OF GARBAGE DISPOSAL UNITS	WATER SUPPLY ☐ TOWN WATER ☐ NEW WELL ☐ EXISTING WELL	
TYPE OF CONSTRUCTION	FOUNDATION MATERIAL		TYPE OF HEATING SYSTEM		NO. OF FIREPLACES
GARAGE ☐ ATTACHED ☐ SEPARATE ☐ IN BASEMENT	GARAGE SQ. FT.	NO. OF VEHICLES		**ESTIMATE OR CONTRACT COST**	

APPROVED BY ZONING	DATE	PERMIT FEE	
APPROVED BY BOARD OF HEALTH	DATE	Applicant agrees to abide by the Rules and Regulations of the Building, Wiring, Gas and Plumbing Inspectors, Board of Health, Zoning Board, Board of Appeals, Highway and Water Departments, Board of Selectmen, Fire Chief and All applicable town By-Laws. No changes or alterations permitted unless revised plans are submitted and approved.	
APPROVED BY PLANNING BOARD	DATE		
APPROVED BY CONSERVATION COMM	DATE		
APPROVED BY FIRE CHIEF	DATE	X	
APPROVED BY HIGHWAY DEPARTMENT	DATE	SIGNATURE OF APPLICANT	
APPROVED BY BUILDING INSPECTOR	DATE	X	
APPROVED BY TREASURER/COLLECTOR	DATE	SIGNATURE OF BUILDER	

TOWN OF WESTMINSTER

Building Department

11 South Street
Westminster, MA 01473

Paul R. Blanchard, CBC
Building Commissioner

Phone: 978-874-7407
Fax: 978-874-7462
Email: pblanchard@westminster-ma.gov

In accordance with the provisions of MGL c 40, S 54, a condition of the Building 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 c 111, S 150A.

The debris will be disposed of in:

_____

(Location of Facility)

_____

Signature of Permit Applicant

_____

Date

ww:debris

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

Building Permit Application To Construct, Repair, Renovate Or Demolish a *One- or Two-Family Dwelling*

FOR MUNICIPALITY USE
Revised Mar 2011

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:
_____
1.1a Is this an accepted street? yes_____ no_____

1.2 Assessors Map & Parcel Numbers
_____ _____
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 ☐ 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 OWNERSHIP[1]

2.1 Owner[1] of Record:
_____ _____
Name (Print) City, State, ZIP

_____ _____ _____
No. and Street Telephone Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (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 Work[2]:_____
_____
_____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)
1. Building	$
2. Electrical	$
3. Plumbing	$
4. Mechanical (HVAC)	$
5. Mechanical (Fire Suppression)	$
6. **Total Project Cost**:	$

Official Use Only

1. Building Permit Fee: $_____ Indicate how fee is determined:
☐ Standard City/Town Application Fee
☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
2. Other Fees: $_____
List:_____
_____
Total All Fees: $_____
Check No. _____Check Amount: _____Cash Amount:_____
☐ Paid in Full ☐ Outstanding Balance Due:_____

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

_____
Name of CSL Holder

_____
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 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.

_____ _____
Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER[1] OR AUTHORIZED AGENT 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 Name (Electronic Signature) 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

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 #:_____

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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
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

Revised 02-23-15

NOTIFICATION OF ASBESTOS, DEMOLITION AND RENOVATION

OPERATOR PROJECT #	POSTMARK	DATE RECEIVED	NOTIFICATION #

I. TYPE OF NOTIFICATION	O=ORIGINAL	R=REVISED	C=CANCELLED	WPR NOTICE?

II. FACILITY INFORMATION (IDENTIFY OWNER / REMOVAL CONTRACTOR / AND OTHER OPERATOR)

OWNER NAME:		
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
CONTACT:	**PHONE:**	
REMOVAL CONTRACTOR:		
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
CONTACT:	**PHONE:**	
OTHER OPERATOR:		
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
CONTACT:	**PHONE:**	

III. TYPE OF OPERATION:	D=DEMO	O=ORDERED DEMO	R=RENOVATION	E=EMER RENOVATION

VI. IS ASBESTOS PRESENT? (YES or NO)

V. FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room number)

BLDG NAME:		
ADDRESS:		
CITY:	**STATE:**	**ZIP:**
SITE LOCATION:		
BLDG SIZE:	**# OF FLOORS**	**AGE IN YEARS:**
PRESENT USE:	**PRIOR USE:**	

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be removed 2. Category I ACH not removed 3. Category II ACM not removed	RACM TO BE REMOVED	NONFRIABLE ASBESTOS MATERIAL NOT TO BE REMOVED		INDICATE UNIT OF MEASUREMENT BELOW:	
		CAT I	CAT II	UNIT	
PIPES				LnFt:	Ln m:
SURFACE AREA				SqFt:	Sq m:
VOL RACM OFF FACILITY COMPONENT				CuFt:	Cu m:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: COMPLETE:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: COMPLETE:

NOTIFICATION OF ASBESTOS, DEMOLITION AND RENOVATION *(continued)*

X: DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND MTHOD(S) TO BE USED:		
XI. DESCRIPTIION OF WORK PRACTICES AND ENGINEERING CONTROLS TO VBE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name:		
Address:		
City:	**State:**	**Zip:**
Contact Person:	**Phone:**	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	**State:**	**Zip:**
Contact Person:	**Phone:**	
XIII. WASTE DISPOSAL SITE		
Name:		
Location:		
City:	**State:**	**Zip:**
Phone:		
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:		
Name:	**Title:**	
Authority:		
Date of Order (MM/DD/YY)	**Date Ordered to Begin (MM/DD/YY)**	
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY)		
Description of the Sudden, Unexpected Event:		
Explanation of how the event caused unsafe conditions or would case equipment damage or unreasonable financial burden:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, PR REDUCED TO POWDER:		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)		
Signature of Owner/Operator	**Date**	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Signature of Owner/Operator	**Date**	