

# Town of Westminster

*Building Department*

# DEMOLITION PERMIT APPLICATION

**FEE \$75.00**

	<b>PERMIT#</b>		
<b>MAP#:</b>		<b>PARCEL#:</b>	

**DATE:**

**ADDRESS OF DEMOLITION:**

>>>>>>>>>>ALL INFO MUST BE FILLED ON ALL PAGES<<<<<<<<<<<<<<<<

**OWNER OF RECORD:**

**TELEPHONE:****MAILING ADDRESS:****EMAIL:****ANY WATER ABUTTING LOT? Y or N****CONTRACTOR:****TELEPHONE:**

**ADDRESS:**

**EMAIL:****LICENSE #:**

**TYPE OF LICENSE:**

**EXPIRATION DATE:**

**OTHER LICENSE#’S:**

**TYPE OF BUILDING:**  
(Residential/Commercial)

**PRESENT USE OF BUILDING:**

**ESTIMATE OR  
CONTRACT COST:**

**DESCRIPTION OF WORK:**

**DATE WORK TO BEGIN:**

**SIGNATURE:**

DATE:

## >>>>>>>>>> UTILITIES <<<<<<<<<<<

Signature or written statement of authorized persons for utility companies and/or other required departments must be included below and/or as attachments to this application.

**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 such as meter, and regulators have been removed or sealed and/or plugged in a safe manner.

### National Grid (electric):

**Unitil (gas):**

**Telephone Co:**

### Cable/Satellite TV:

**NOTE:** Dependent on the type of demolition, the following sign-offs must be obtained from the following Town Officials to insure compliance with local and state regulations under their jurisdiction.

**Treasurer's Office:**

Date:

**Fire Department:**

Date:

### Water Department:

Date:

**Sewer Department:**

Date:

**Board of Health:**

Date:

### Conservation Commission:

Date:

**Building Commissioner:**

Date:

**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&amp;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<sup>1</sup> 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](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://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](http://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 an 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 attach 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."

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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.

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

# NOTIFICATION OF ASBESTOS, DEMOLITION AND RENOVATION

OPERATOR PROJECT #		POSTMARK		DATE RECEIVED		NOTIFICATION #	
<b>I. TYPE OF NOTIFICATION</b>		O=ORIGINAL	R=REVISED	C=CANCELLED		WPR NOTICE?	
<b>II. FACILITY INFORMATION (IDENTIFY OWNER / REMOVAL CONTRACTOR / AND OTHER OPERATOR)</b>							
OWNER NAME:							
ADDRESS:							
CITY:				STATE:		ZIP:	
CONTACT:					PHONE:		
REMOVAL CONTRACTOR:							
ADDRESS:							
CITY:				STATE:		ZIP:	
CONTACT:					PHONE:		
OTHER OPERATOR:							
ADDRESS:							
CITY:				STATE:		ZIP:	
CONTACT:					PHONE:		
<b>III. TYPE OF OPERATION:</b>							
D=DEMO		O=ORDERED DEMO		R=RENOVATION		E=EMER RENOVATION	
<b>VI. IS ASBESTOS PRESENT? (YES or NO)</b>							
<b>V. FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room number)</b>							
BLDG NAME:							
ADDRESS:							
CITY:				STATE:		ZIP:	
SITE LOCATION:							
BLDG SIZE:		# OF FLOORS			AGE IN YEARS:		
PRESENT USE:				PRIOR USE:			
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>							
<b>VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:</b> 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			
PIPES					LnFt:	Ln m:	
SURFACE AREA					SqFt:	Sq m:	
VOL RACM OFF FACILITY COMPONENT					CuFt:	Cu m:	
<b>VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START: COMPLETE:</b>							
<b>IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: COMPLETE:</b>							

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

<b>X: DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK AND MTHOD(S) TO BE USED:</b>			
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO VBE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b>			
<b>XII. WASTE TRANSPORTER #1</b>			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Phone:	
<b>WASTE TRANSPORTER #2</b>			
Name:			
Address:			
City:	State:	Zip:	
Contact Person:		Phone:	
<b>XIII. WASTE DISPOSAL SITE</b>			
Name:			
Location:			
City:	State:	Zip:	
Phone:			
<b>XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY AGENCY BELOW:</b>			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY)		Date Ordered to Begin (MM/DD/YY)	
<b>XV. FOR EMERGENCY RENOVATIONS</b>			
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:			
<b>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:</b>			
<b>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)</b>			
Signature of Owner/Operator		Date	
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>			
Signature of Owner/Operator		Date	