



Town of Westminister

Building Department

11 South Street

Westminister, MA 01473

Paul R. Blanchard
Building Commissioner/
Zoning Enforcement Officer

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TENT REQUIREMENTS

TENTS / SAFETY

Tents (with sides) that are 400 square feet or less and Tent Canopy's (without sides) that are 700 square feet or less **DO NOT** require a building permit, **BUT**, they need to be fire resistance.

Tents that are more than 400 square feet and Canopy's that are more than 700 square feet **DO** require a permit filed through the Building Department. The applications are available at the Building Department or use the application that follows. A certificate of fire resistance is required and a fee is required. The fee is determined at the time of submittal.

Code Requirements

With the spring, summer and fall seasons and the history of New England weather has demonstrated that weather patterns change almost instantaneously in this region. With special events, graduations and wedding season and fall festivals, many people will erect tents to help shield guests from certain weather and hot sun. This notice is intended to remind residents of the need for permits for certain types of tents.

In accordance with the Ninth Edition of the Building Code, Section 3103.1 of the 2015 International Building Code IBC establishes criterion for *temporary structures*, directing the reader to the International Fire Code (IFC) for specific requirements pertaining to the use of *temporary tents*.

The IFC defines a TENT as a structure, enclosure or shelter, with or without sidewalls or drops, constructed of fabric or pliable material supported by any manner except by air or the contents that is protects.

IFC Section 2403.2 establishes that tents and membrane structures having an area in excess of 400 square feet (37 m²) shall not be erected, operated or maintained for any

purpose without first obtaining a permit and approval. The section continues to allow certain exceptions to this requirement as follows:

Exceptions:

1. Tents used exclusively for recreational camping purposes
2. Tents open on all sides which comply with all of the following:
 - 2.1 Individual tents having a maximum size of 700 square feet (65 m²)
 - 2.2 The aggregate area of multiple tents placed side by side without a fire break clearance of 12 feet (3658 mm), not exceeding 700 square feet (65 m²) total.
 - 2.3 A minimum clearance of 12 feet (3658 mm) to all structures and other tents.

Previous editions of the code required permits and approvals for most tent structures measuring 120 square feet or greater and did not afford many exceptions. Current code requirements are a bit more permissive. The reason, in part, for less restrictive requirements in this version of the code is in recognition of the difficulties that are associated with gaining approvals for tents structures on short notice.

Although permit requirements are somewhat less restrictive, the Department of Public Safety cautions all tent users to take tent safety seriously; making sure that guests and patrons have adequate access to, from and within the tent by means appropriately sized, clear aisle ways and that the use of incendiary products are limited in accordance with local fire prevention restrictions.

Permit Fee: \$50.00



TOWN OF WESTMINSTER

TENT PERMIT

Permit #: _____
Date Issued: _____
Fee: \$ _____

OWNER/APPLICANT/INSTALLER INFORMATION

Names(s) of Property Owner: _____ Phone: _____

Owner's Address: _____

Name of Applicant: _____ Phone: _____

Applicant's Address: _____

Applicant's Email: _____

Installer: _____ Phone: _____

Installer's Address: _____

TENT & EVENT INFORMATION

Location of Tent _____ Map # _____ Parcel # _____

Date up: _____ Event Date: _____ Date Down: _____

Dimensions of Tent (L x W x H) _____ Square footage of Tent: _____

Type of Construction: Rope & Pole _____ Pipe Frame _____ Other (specify) _____

Type of Function or Event: _____

Event Time & Duration: _____ Approx. number of people: _____

If YES to any of the items below, please show on the sketch plan to be submitted with this application: (an electrical permit may also have to be pulled by a licensed electrician)

Generator used with tent (yes/no): _____ Heat or A/C in tent (yes/no): _____

Separate Restrooms avail (yes/no): _____ Lighting inside tent (yes/no) _____

Parking On-site or Other (if Other please describe): _____

Owner Signature

Applicant/Installer Signature

Approved by Building Commissioner/Inspector

Approved by Treasurer/Collector

Materials to be submitted with this application:

- Sketch showing location of tent(s) on the lot with emergency egress points marked
- Flame Resistant Certificate
- Liability Insurance Certificate
- Floor Plan showing tables and chairs and including aisle widths
- Tents with closed sides please provide floor plan with emergency lighting and exit signs
- Tents being used for cooking, please provide site plan and floor plan with fire extinguishers



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 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 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