

Town of Cheshire

Pre - permit sign off sheet for Building, Electrical or Plumbing permits

Town Collector and Town Clerk

Pursuant to Massachusetts General Laws, Chapter 40, Section 57, (811/94) which provides for the denial, revocation, or suspension of local licenses and permits to any person, corporation, or business enterprise who has neglected or refused to pay any local taxes; fees, assessments, betterments, or other municipal charges.

Owner of record: _____ Address: _____

Date issued: _____ Map # _____ Lot # _____

You may proceed Town Tax Collector

You may not proceed Town Tax Collector

With the appllactaion for the attached license of permit

You may proceed Date: _____ Town Clerk

You may not proceed Town Clerk

With the appllactaion for the attached license of permit

Town Clerk

Board of Health

Septic design approved Yes/No Date: _____

Well permit issued Date: _____

Water test approved Date: _____ Health Department Chair or Healt Agent

Conservation Commission

Site Review Yes/No Date: _____

Wet land issues Date: _____

Conservation issues Date: _____ Chairman Conservation Commission

Comments: _____

Other offices when applicable

Planning Board Yes/No Date: _____ Chairman Planning Board

ZBA Date: _____ Chairman ZBA

Fire Dept. sign off Date: _____ Fire Chief or appointed officer

Town of Cheshire
84 Church Street
Cheshire, MA 01225
Tel (413) 743-1690
Fax (413) 743-0403

Application for Permit to use a Solid Fuel Burning Appliance
(wood, coal, pellet stoves, etc.)

Date of Application: _____ Fee: \$45.00 (make payable to Town of Cheshire)

Name of Applicant: _____ Signature: _____

Mailing Address: _____ Phone #: _____

Residential Business Use of Building: _____

Name of Installer: _____ License Number: _____

HIC Reg #: _____ Installer Phone #: _____

Procedure for all applicants:

In order to ensure that all solid fuel burning appliances receive the required inspection, the completed application together with the building permit application must first be submitted to the Building Department. Second, the solid fuel burning appliance must be installed and any coverings must be accessible to be removed for a visible inspection. Third, the installer must call for an appointment for an onsite inspection. The compliance certificate will only be issued if the installation complies with the requirements of the Massachusetts State Building Code and the manufacturer's specifications.

A building permit is required for the installation of any solid fuel burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

Stove
Type: (circle one) Radiant or Circulating Manufacturer: _____

Test Label: _____ Name/Model #: _____

Collar Size: _____ Serial # _____

Chimney
Circle one: New or Existing Size (flue area): _____

Other appliances attached to flue (number and flue size): _____

Metal (manufacturer name and type): _____

Masonry: Lined: Unlined: Flue Liner: _____
(type and manufacturer)

Height: _____ Cap: _____

Hearth (minimum 1 hour fire resistance)

Materials: _____ Minimum dimensions: _____

Clearances and Wall Protection (see stove installation clearances chart)

Type of wall protection provided: _____

TOWN OF CHESHIRE

Permit # _____



The Commonwealth of Massachusetts
 Board of Building Regulations and Standards
 Massachusetts State Building Code, 780 CMR 2008
 International Residential Code (IRC 2009)

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

Activity # _____
 Use Group: _____
 Const. Type _____
 Revised 07/05/11

SECTION 1: SITE INFORMATION

Project Name: _____ Date Applied: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 (Incompleted Applications will be returned)

1.1 Property Address: _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Lot Number _____

1.3 Zoning Information:

1.1a Is this an accepted street? yes _____ no _____

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 _____	Required _____	Required _____
Provided _____	Provided _____	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

2.1 Owner of Record: _____

Signature: _____

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK (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: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	F. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Town Application Fee <input checked="" type="checkbox"/> Total Project Cost (Item 6) x multiplier _____
2. Electrical	\$ _____	G. Other Fees: \$ _____
3. Plumbing	\$ _____	H. _____
4. Mechanical (HVAC)	\$ _____	I. _____
5. Mechanical (Fire Suppression)	\$ _____	J. _____
6. Total Project Cost:	\$ _____	Total All Fees: \$ _____

Check No. _____ Check Amount _____ Cash Amount _____

SECTION 5. CONSTRUCTION SERVICES

Need CSL Lic and HIC registration Card

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 _____

Email address _____

HIC Registration Number _____

Expiration Date _____

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 7. OWNER AFFIRMATION TO BE COMPLETED WHEN OBTAINING A PERMIT 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 _____ Signature or (Electronic Signature) _____ Date _____

SECTION 7b. OWNER 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 _____ Signature or (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: Not Applicable Yes No

Total floor area (sq. ft.) _____ (including garage, finished basement attics, decks or porch)

Gross living area (sq. ft.) _____

Habitable room count _____

Number of bedrooms _____

Number of bathrooms _____

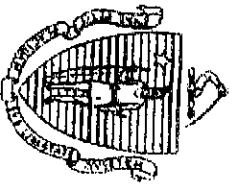
Number of half-baths _____

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*

*Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. †
- 5. 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):

- 6. New construction
- 7. Remodeling
- 8. Demolition
- 9. Building addition
- 10. Electrical repairs or additions
- 11. Plumbing repairs or additions
- 12. Roof repairs
- 13. 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 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 #: _____

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 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-MASS.AFE

Fax # 617-727-7749

www.mass.gov/dia



AFFIDAVIT
Home Improvement Contractor Law
Supplement to Permit Application

Suggested Affidavit For Home Improvement Contractor Permit Application

Name of City / Town

For Office Use Only **CHESHIRE**

Permit No.: _____

Date: _____

Note: 142 A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal or demolition or the construction of an addition to any pre-existing owner occupied building containing at least one but no more than four dwelling unit, or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

Type of Work: _____ Est. Cost: _____

Address of Work: _____

Owners Name: _____

Date of Permit / Application: _____

I hereby certify that:

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

- _____ Work excluded by law
- _____ Job under \$ 1, 000
- _____ Building not owner occupied
- _____ Owner pulling own permit
- _____ Other (specify) _____

Notice is hereby given that:

**OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS
 FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE
 ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL C. 142A**

Signed under penalties of perjury:

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

Date: _____ Contractor: _____ Reg. #: _____

OR:

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

Date: _____ Owner: _____ Tel. #: _____

COMMONWEALTH OF MASSACHUSETTS

TOWN OF CHESHIRE

BERKSHIRE COUNTY

84 Church St.
Cheshire, MA 01225

Tel. & Fax (413) 743-1690 x 21
Office Hours: Tuesday 6:00-8:30 P.M.

OFFICE OF THE
BUILDING INSPECTOR

Construction Debris Affidavit

In accordance with the provisions of M.G.L. c. 40 § 54, all debris resulting from any work covered by a Building Permit shall be disposed of in a properly licensed disposal facility, as defined by M.G.L. c. 111 § 150A.

Address of Work:

The debris will be transported by:

The debris will be received at:

Please return a copy of receipt from transfer station or landfill site where applicable

Signature of Permit Applicant

Date

Building Permit Number:

TOWN OF CHESHIRE

BERKSHIRE COUNTY

BUILDING INSPECTION DEPARTMENT
84 Church Street, Cheshire, MA 01225

Gerald Garner
Building Commissioner/Zoning Enforcement Officer
Jeromy A. Richardson
Assistant Building Inspector

Office Phone/Fax No. (413) 743-1690
Office Hours (or call for appointment)
Tuesday 6:00 - 8:30pm
Email Address: blg@inspsect@cheshire-ma.gov

CONSTRUCTION LICENSE EXEMPTION FORM FOR HOMEOWNER(S)

NOTE: PERSONS CONTRACTING WITH UNREGISTERED CONTRACTORS DO NOT HAVE ACCESS TO THE GUARANTY FUND. PLEASE SEE HANDOUT AT INFORMATION CENTER FOR DETAILS.

Please print.

DATE: _____

JOB LOCATION:

Number Street Address

HOMEOWNER:

Name Home Phone Work Phone

PRESENT MAILING ADDRESS:

Number Street Address

City/Town

State

Zip Code

The exemption for the "homeowners" includes owner-occupied dwellings of two units or less and allows such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as a supervisor (State Building Code Section 108.3.5.1).

DEFINITION OF A HOMEOWNER:

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 homeowner. Such homeowner shall submit to the Inspectional Services Department on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit (Section 108.3.5.1).

THE UNDERSIGNED "HOMEOWNER" ASSUMES FULL RESPONSIBILITY FOR COMPLIANCE WITH THE STATE BUILDING CODE, OTHER APPLICABLE CODES, ORDINANCES, REGULATIONS, AND THE CITY OF NEWTON INSPECTIONAL SERVICES DEPARTMENT MINIMUM INSPECTION PROCEDURES AND REQUIREMENTS, AND THAT HE/SHE WILL COMPLY WITH SAID PROCEDURES AND REQUIREMENTS, AS NOTED ON THE BUILDING CARD.

HOMEOWNER'S SIGNATURE _____

APPROVAL OF BUILDING OFFICIAL _____

1. Section 108.3.5 of the State Building Code, Sixth Edition (780 CMR) requires the licensing of construction supervisors involved in construction, reconstruction, alterations, repair, removal or demolition involving structural elements of a building.
2. Section 108.3.5.1 of the State Building Code provides an exception for homeowners doing work on their owner-occupied dwellings of two units or less, allowing the homeowner to engage a person who does not have a license. In these cases, however, the owner must act as a supervisor.
3. The Inspectional Services Department, in accord with the Code, does hereby waive the requirement as indicated in Number 2 above, provided that:
 - A. The homeowner submits to the department at the time of application a certification showing the owner accepts the waiver with the full knowledge that the owner shall be responsible for all such work performed as described in the building permit.
 - B. The form for this certification is attached. Only this form will be accepted and must be fully completed and signed with the countersignature of the responsible building official.
4. In order to clarify the administration of such waivers, homeowner is defined as follows:
 - A. A person or persons who owns a parcel of land on which he or she resides or intends to reside, and on which there is, or is intended to be, a dwelling of two units or less and attached or detached structure accessory to such use.
 - B. A person or persons who constructs more than one home in a two year period shall not be considered a homeowner.
5. It is expressly understood that any homeowner, in receiving the exemption as hereinbefore described, shall assume all responsibility and be liable for the compliance of the building with the State Building Code, all other applicable codes and city ordinances, and shall operate consistent with the established minimum inspection procedures and requirements of the Inspectional Services Department.
6. The granting of the exemptions under this Bulletin does not imply or authorize similar waivers for electrical, plumbing or gas installations. Persons who are engaged in these installations must still have the proper license and make application for the proper permits.

(See homeowner responsibility acknowledgement other side.)