



CITY OF GARDNER
 Inspectional Services
 115 Pleasant St. Gardner, MA 01440
 978-630-4007



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

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: _____ **1.2 Assessors Map & Parcel Numbers**
 1.1a Is this an accepted street? yes _____ no _____ Map Number _____ Parcel Number _____

1.3 Zoning Information: _____ **1.4 Property Dimensions:** _____
 Zoning District _____ Proposed Use _____ 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 OWNERSHIP¹

2.1 Owner¹ of Record:
 Name (Print) _____ City, State, ZIP _____
 No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____ No. and Street _____ City/Town, State, ZIP _____ Signature _____ Telephone _____ Email address _____	License Number _____ Expiration Date _____ List CSL Type (see below) _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td align="center">U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td align="center">R</td> <td>Restricted 1&2 Family Dwelling</td> </tr> <tr> <td align="center">M</td> <td>Masonry</td> </tr> <tr> <td align="center">RC</td> <td>Roofing Covering</td> </tr> <tr> <td align="center">WS</td> <td>Window and Siding</td> </tr> <tr> <td align="center">SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td align="center">I</td> <td>Insulation</td> </tr> <tr> <td align="center">D</td> <td>Demolition</td> </tr> </tbody> </table>	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
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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 _____
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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: OWNER¹ 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
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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:

- | | |
|---|---|
| <p>1. <input type="checkbox"/> I am a 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"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> 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. ‡</p> <p>5. <input type="checkbox"/> 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.]</p> |
|---|---|

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 (check 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
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



City of Gardner
Inspectional Services
 115 Pleasant Street
 Gardner, MA 01440
 Phone: (978)-630-4007

Permit # _____

APPLICATION SUPPLEMENT TO DEMOLISH OR REMOVE ANY BUILDING OR STRUCTURE
 (Required in addition to Building Permit Application, Worker's Comp., and Debris Form)

SITE INFORMATION:

Property Address: _____ Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: _____ Block: _____ Lot: _____

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record: _____
 Phone Number: _____
 Mailing Address: _____

Authorized Agent: _____
 Phone Number: _____
 Mailing Address: _____

PEST CONTROL:

The Board of Health (Fitchburg City Hall, 978-829-1870) requires an affidavit from a pest control company stating that the building has been inspected and treated for pests PRIOR to demolition. A copy of the affidavit must be submitted to the Building Department along with this form. **Pest Control Affidavit Attached:** Yes No

REQUIRED SIGNOFFS FOR DEMOLITION OF ANY BUILDING:

State Building Code 780 CMR 3303.6 states: *Service utility connections shall be discontinued and capped in accordance with the approved rules and requirements of the applicable governing authority. A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. We require signatures on this form or attached releases from each potentially relevant company or department- remember there may be forgotten connections that once existed and were never properly disconnected.*

Electricity: Company Name: National Grid (Customer Service (800)-322-3223

Signoff Signature	Title	Date
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Gas: Company Name: Unutil Gas & Electric Light Co. (Customer Service 888-301-7700)

Signoff Signature	Title	Date
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Cable TV/Internet/

Telephone: Company Name: Comcast (Customer Service 888-737-8361) Verizon (Customer Service 877-728-6101)

Signoff Signature	Title	Date
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Sewer: DPW Wastewater Division, 50 Manca Dr. Gardner, MA 01440, (978)-630-8195

Signoff Signature	Title	Date
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Water: Water Dept, 50 Manca Dr. Gardner, MA 01440, (978)-630-8791

Signoff Signature	Title	Date:
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Asbestos: Board of Health, 95 Pleasant St. Rm. 29 Gardner, MA (978)-630-4013

Signoff Signature	Title	Date:
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City of Gardner
Inspectional Services
 115 Pleasant Street
 Gardner, MA 01440
 Phone: (978)-630-4007

Permit # _____

CONSTRUCTION DEBRIS FORM

Applicant procedure: You may turn in this form at the time of application if you have all of the information complete at that time. Otherwise, complete it during the course of the project and send it to the Gardner Building Department prior to Final Inspection or hand to Inspector at Final Inspection. Final signoff will be withheld unless this form has been submitted. Please be sure to include the Building Permit number on the form if not submitted with permit application.

SITE INFORMATION:

Property Address: _____ Gardner, MA 01440

Assessor's Parcel ID Numbers: Map: _____ Block: _____ Lot: _____

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record: _____
 Phone Number: _____
 Mailing Address: _____

Authorized Agent: _____
 Phone Number: _____
 Mailing Address: _____

REQUIRED REPORTING OF DEBRIS REMOVAL: *As a condition of issuing a permit for the demolition, renovation, rehabilitation, or other alteration of a building or structure, MGL c. 40, § 54 requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150A. Signature of the permit applicant, date, and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.*

Building Permit Number: _____

Hauler/Contractor Responsible to Remove Debris:

Name: _____
 Phone Number: _____
 Mailing Address: _____

Estimated Amount of Debris (Cubic Yards or Tons):

Amount Disposed: _____ c.y. Tons

DPU Certificate Number (if waste hauler): _____

Amount Recycled: _____ c.y. Tons

In accordance with the provisions of MGL c. 40, § 54, all debris resulting from work associated with the accompanying Building Permit Application shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, § 150A. **Debris will be or has been disposed in:**

Waste and/or Recycling Facility:

Name: _____
 Phone Number: _____
 Mailing Address: _____

Name: _____
 Phone Number: _____
 Mailing Address: _____

Note: If more than two facilities are used, please fill out their information, including signatures, on the back of this form. Also, if the debris is not disposed as indicated, the holder of the permit shall resubmit this form with the accurate information, including Building Permit Number, prior to final signoff.

I certify under the pains of perjury that the information above is true and accurate to the best of my knowledge and belief.

 Date: _____
Signature of Permit Applicant

 Date: _____
Signature of Contractor/Hauler



**City of Gardner
Inspectional Services
115 Pleasant Street
Gardner, MA 01440
(978)-630-4007**

HOMEOWNERS' EXEMPTION ELIGIBILITY AFFIDAVIT

I, _____ (full legal name),
born _____ (month, day, year), hereby depose and state the following:

1. *I am seeking a building permit pursuant to the homeowners' exemption to the permit requirements of the Massachusetts State Building Code, codified at 780 CMR 110.R5.1.3.1, in connection with a project or work on a parcel of land to which I hold legal title.*
2. *I am not engaged in, and the project or work for which I am seeking the aforementioned homeowners' exemption, does not involve the field erection of manufactured buildings constructed in accordance with 780 CMR 110.R3.*
3. *I qualify under the State Building Code's definition of "homeowner" as defined at 780 CMR 110.R5.1.2:*

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 home owner.
4. *I do not hold a valid Massachusetts construction supervision license and, except to the extent that I qualify for and will abide by the Massachusetts State Building Code's requirements for the supervision of the project or work on my parcel, I am not engaged in construction supervision in connection with any project or work involving construction, reconstruction, alteration, repair, removal or demolition involving any activity regulated by any provision of the Massachusetts State Building Code.*
5. *If I engage any other person or persons for hire in connection with the aforementioned project or work on my parcel, I acknowledge that I am required to and will act as the supervisor for said project or work.*

Signed under the pains and penalties of perjury on this _____ day of _____, 20__.

(signature)