

Franklin County Cooperative Inspection Program---County Courthouse, 425 Main St., Ste. 25,
Greenfield, MA, 01301-3393
(413) 772-2026 Fax: (413) 773-0896 Website: www.fccip.org
Ashfield Bernardston Buckland Charlemont Conway Erving Gill Hawley Heath Leverett Leyden
Shelburne Shutesbury Whately

Form
8

RESIDENTIAL
ROOFING, SIDING, WINDOWS & INSULATION

Note: This application is not for new single or two family homes, residential renovations,
wood stoves, swimming pools, or commercial projects.

Per #: _____
Fee: _____

\$50 each

Date: _____ Town: _____ Site Address: _____

Owner's Name: _____ Mailing Address: _____

Owner's telephone #: (____) _____ (E-mail) _____ (Cell) (____) _____

Contractor: _____ Mailing Address: _____

Construction Supervisor #: _____ Expiration Date: _____ Lic. # _____

Cont. phone #: (____) _____ (Cell) (____) _____ (Fax) (____) _____ (E-mail) _____

Estimated Cost: _____ Demolition Debris Disposal Location: _____

_____ **ROOFING:** Dwelling _____ Garage _____ Other (describe) _____

Sheathing to be installed? Yes _____ No _____ Will existing roofing be stripped? Yes _____ No _____
If not, how many layers exist now? _____

_____ **SIDING:** Dwelling _____ Garage _____ Other (describe) _____

_____ **REPLACEMENT WINDOWS:** Dwelling _____ Garage _____ Other (describe) _____
Number of windows _____ U value (Maximum U value permitted is .35) _____

_____ **DOORS:** Interior _____ Exterior _____ Sliding Glass _____ Other (describe) _____

_____ **INSULATION:** Walls _____ R-value _____ Floor _____ R-value _____ Ceiling/Attic _____ R-value _____
Insulation Type _____ Cavities filled _____

OWNER AUTHORIZATION-(To be completed by HOMEOWNER when contractor applies for building permit.)

I, _____, as **Owner** of the subject property hereby authorize _____
(Please print) (Please print name of contractor)
to act on my behalf, in all matters related to work authorized by this building permit application.

(Signature of Owner) Date _____

DECLARATION-(To be completed by CONTRACTOR) Homeowner should not sign this unless there is no contractor

I, _____, hereby declare that the statements and information on the foregoing application are true and
Please Print
accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury. _____ Date _____
(Signature of Owner or Authorized Agent)

Explanation of installation:

Building Official: _____ DATE: _____

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. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time)* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. <input type="checkbox"/> These sub-contractors have employees and have workers' comp. insurance. |
| 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.] | 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.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [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 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: _____ For all FCCIP towns _____ 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 #: _____