

**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
6

Commercial Permit Application

Permit #: _____
Fee: _____

Note: This application is for all commercial work, including signs

Application Date: _____ **Assessor's Map#:** _____ **Assessor's Lot #:** _____ **Zoning district:** _____
(if vacant) (if vacant)

Town _____ **Site Address** _____ **Code Edition** _____

Owner's Name: _____ **Mailing Address:** _____

Owner's telephone #: (H)() _____ (W)() _____ (Cell)() _____

Estimated Cost: _____ **Sq. Ft. Living Space:** _____ **Sq. Ft. Other Space :** _____

Use group: _____ **Construction type:** _____ **Water Supply:** well ___ town ___ **Septic System:** private ___ town ___

Flood zone: _____ **Not in flood zone:** _____ **Demolition Debris Disposal Location:** _____

Description of Proposed Work (Check all applicable):

- New Construction Existing Building Addition Repair(s) Alteration(s) Accessory Bldg.
 Demolition Sign Other (specify): _____

Change of Use: Existing Use Group: _____ Proposed Use Group: _____
Existing Hazard Index: _____ Proposed Hazard Index: _____

Brief Description of Proposed Work _____

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR.

Print Name of Owner or Authorized Agent Signature of Owner or Authorized Agent Date

NOTE: If contractor signs as authorized agent, he/she must provide a signed contract by the owner or a letter of authorization from the owner

Contractor Information

Name (Please Print) _____ Contractor Address _____

Cont. Tele# _____ Fax _____ E-Mail _____ Town _____

CSL# _____ Expiration Date _____

Contractor Signature Date

Signatures of Local Compliance:

*The following signatures (if applicable) must be obtained **BEFORE** submitting this application:*

Board of Health: _____ Date _____

Conservation Commission: _____ Date _____
(Required in all towns if excavation being performed)

Highway Department: _____ Date _____

Inspector of Buildings: _____ Date _____

Lot Dimensions and Setbacks of proposed new structure

Site plan for accessory structures and signs

Frontage	
Area	
Front property line setback	
Left property line setback	
Right property line setback	
Rear property line setback	
Shortest distance to wetland	
Shortest distance to stream or river	

Instructions: Along with completed application, please submit the following:

- Professional site plan for new construction
- Two sets of building plans and specifications
- Work Comp. Aff.
- Site plan review documents (if applicable)
- Controlled Construction Submittals (More than 35,000 cu.ft)

For more information on controlled construction requirements, visit www.fccip.org

Registered Architect or Engineer of Record taking responsibility for entire project(Controlled Construction):

 Name(Please Print) (Address) Reg. # Expiration Date

 Signature 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 # _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. ~ I am an employer with _____ Employees (full and/or part-time)*</p> <p>2. ~ 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. ~ I am a homeowner doing all work myself. [No workers' comp. insurance required.]^H</p> <p>4. ~ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ^I These sub-contractors have workers' comp. insurance.</p> <p>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.]</p>	<p>Type of project (required):</p> <p>6. ~ New Construction</p> <p>7. ~ Remodeling</p> <p>8. ~ Demolition</p> <p>9. ~ Building Addition</p> <p>10. ~ Electrical repairs or additions</p> <p>11. ~ Plumbing repairs or additions</p> <p>12. ~ Roof repairs</p> <p>13. ~ Other _____</p>
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* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
^H Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
^I Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers'

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 #: _____

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 A...every person in the service of another under any contract of hire, express or implied, oral or written.@

An *employer* is defined as Aan 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 owner of a dwelling house having not more than three apartments and who reside 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 Aevery 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 ANeither 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) names(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 AJob Site Address@ the applicant should write Aall 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 homeowner 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-MASSAFE
Fax #617-727-7749
www.mass.gov/dia