



# TOWN OF MIDDLEBOROUGH APPLICATION FOR BUILDING PERMIT

WOODSTOVE, COAL STOVE & COAL/WOODBURNING FURNACE, CHIMNEY &/OR  
FIREPLACE APPLICATION

Date \_\_\_\_\_

THE UNDERSIGNED APPLIES FOR A PERMIT AS FOLLOWS:

1. Present owner's name and address ..... Present owner's telephone no. ....
2. Owner's name and address as of last January 1st (if different) .....
3. Location of Building: Assessors Map # ..... Lot No. .... Street & No. ....
4. If dwelling, how many families? ..... No. of Stories .....
5. Installer's name and address ..... Telephone no. ....
6. What is estimated cost (must be answered) \$ .....
7. Type of installation (masonry, wood stove, other) .....

Permit

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.

8. Stove
 

A. New _____	Used _____
B. Type/radiant _____	Circulating _____
C. Manufacturer _____	Lab No. _____
Name/Model No. _____	Collar size _____
Dimensions/Height _____	Length _____ Width _____
9. Chimney
 

A. New _____	Existing _____
B. Size (flue area) _____	
C. Other appliances attached to flue (Number and flue size) _____	
D. Prefab (Manufacturer—name and type) _____	
E. Masonry/Lined _____	Flue Liner _____
Unlined _____	(type & manufacturer)

10. Appliance will be installed in ..... room, ..... cellar, ..... other

11. Times someone will be home for inspections .....

REMARKS: .....

SIGNED: \_\_\_\_\_ (applicant)

FOR BUILDING DEPARTMENT USE ONLY

ZONING AREA:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> RESIDENCE RURAL | <input type="checkbox"/> GENERAL USE |
| <input type="checkbox"/> RESIDENCE "A"   | <input type="checkbox"/> BUSINESS    |
| <input type="checkbox"/> RESIDENCE "B"   | <input type="checkbox"/> INDUSTRIAL  |

PERMIT FEE: \_\_\_\_\_ RECEIPT # \_\_\_\_\_

PERMIT #

DATE ISSUED:

OWNER AUTHORIZED – TO BE COMPLETED WHEN OWNERS 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 authorize by this building permit  
application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

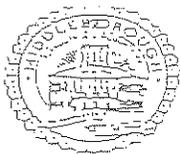
OWNER/AUTHORIZED AGENT DECLARATION

I, \_\_\_\_\_, as Owner/Authorized Agent  
hereby declare that the statements and information on the foregoing application are true  
and accurate, to the best of my knowledge and belief.

Signed under pains and penalties of perjury.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
Date



TOWN OF MIDDLEBOROUGH  
MASSACHUSETTS

Building Department

HOMEOWNER LICENSE EXEMPTION

(Please print)

DATE: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_  
(St. #) (Street)

HOMEOWNER: \_\_\_\_\_  
(name) (Telephone#)

LEGAL ADDRESS: \_\_\_\_\_  
(St. #) (Street) (City/Town) (State) (Zip Code)

SECTION 109.0 RULES AND REGULATIONS

109.1 Rule making authority: Under authority granted by Chapter 348, Acts of 1984, as amended, the BBRS is empowered in the interest of public safety, health and general welfare, to adopt and promulgate rules and regulations, and to interpret and implement the provisions of this code to secure the intent thereof.

109.1.1 Licensing of Construction Supervisors: Except for those structures governed by Construction Control in Section 127.0, effective July 1, 1982, no individual shall be engaged in directly supervising persons engaged in construction, reconstruction, alteration, repair, removal or demolition involving the structural elements of buildings and structures, unless he or she is licensed in accordance with the rules and regulations promulgated by the BBRS entitled Rules and Regulations for Licensing Construction Supervisors.

Exception: Any Home Owner performing work for which a building permit is required shall be exempt from the provisions of this section; provided that if a Home Owner engages a person(s) for hire to do such work, that such Home Owner shall act as supervisor.

For purposes of this section only, a "Home Owner" is defined as follows: 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.

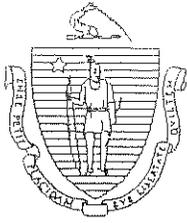
The undersigned homeowner assumes responsibility for compliance with the State Building Code and other applicable codes, ordinances, by-laws, rules and regulations.

The undersigned homeowner certifies that he/she understands the Town of Middleborough Building Department inspection procedures and that he/she will comply with said procedures.

HOMEOWNER SIGNATURE \_\_\_\_\_

APPROVED: \_\_\_\_\_

ROBERT J. WHALEN, BUILDING COMMISSIONER



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:		<b>Type of project (required):</b>
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. These sub-contractors have employees and have workers' comp. insurance.†	6. <input type="checkbox"/> New construction
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.]	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additions
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> 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 #: \_\_\_\_\_

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: _____	Permit/License # _____
<b>Issuing Authority (circle one):</b>	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector	
6. Other: _____	
Contact Person: _____	Phone #: _____

Suggested Affidavit for Home Improvement Contractor Permit Application

For Office Use Only

NAME OF CITY/TOWN

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

AFFIDAVIT  
Home Improvement Contractor Law  
Supplement to Permit Application

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units...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 \_\_\_\_\_

Owner 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 Name Registration No.

OR:

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

\_\_\_\_\_  
Date Owner Name