

**For Office Use Only**

Permit No.: \_\_\_\_\_ Time/Date Stamp: \_\_\_\_\_  
Receipt No.: \_\_\_\_\_  
Fee Paid: \$ \_\_\_\_\_  
Date Issued: \_\_\_\_\_

\_\_\_\_\_  
Building Official Signature



City of Fitchburg  
Building Department  
166 Boulder Drive  
Fitchburg, MA 01420  
Phone: 978-829-1880  
Fax: 978-829-1963

**APPLICATION TO INSTALL A SOLID FUEL BURNING APPLIANCE**

*Includes, but not limited to, room heaters, stoves, fireplace inserts, furnaces, boilers; see 780 CMR 6007*

**SITE INFORMATION:**

Property Address: \_\_\_\_\_ Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Number Dwelling Units:  One  Two  Other: \_\_\_\_\_

Zoning District:  RA-1, Residential  RR, Rural Residential  LI, Light Industrial  
 RA-2, Residential  NBD, Neighborhood Business District  I, Industrial  
 RB, Residential  CBD, Central Business District  Medical Service  
 RC, Residential  C&A, Commercial & Automotive  Fitch. State College

You may look up Parcel IDs and Zoning Districts at: <http://fitchburgma.gov/government/departments/assessors/assessormain.cfm>

**DESCRIPTION OF PROPOSED WORK:**

Check all applicable:

**Fuel Type:**

- Wood
- Pellet
- Coal
- Other: \_\_\_\_\_
- Multi-Fuel

**Appliance Type:**

- New
- Used
- Stove
- Manufactured Fireplace/Insert
- Masonry Fireplace
- Circulating (has blower)
- Radiant (no blower)

**Chimney/Flue/Venting Type:**

- New
- Existing
- Masonry Chimney
- Relined Chimney
- Metal Chimney
- Direct Vent

*The following information can be found on metal label on appliance:*

Stove/Fireplace Manufacturer: \_\_\_\_\_  
Model Name/Number: \_\_\_\_\_  
Testing Laboratory Name: \_\_\_\_\_  
Testing Label Number (Serial #): \_\_\_\_\_

Required Clearances (according to manufacturer or diagram):

Front or Side with door: \_\_\_\_\_ inches  
Side (no door): \_\_\_\_\_ inches  
Rear: \_\_\_\_\_ inches  
Above Top: \_\_\_\_\_ inches

Hearth Material (Min. 1 Hour Fire Resistance): \_\_\_\_\_  
Subfloor Material at Hearth (Non-Combustible): \_\_\_\_\_  
Minimum Hearth Dimensions (see mfr. or diagram): \_\_\_\_\_

Wall Protection Material: \_\_\_\_\_  
Flue Collar Diameter: (on appliance) \_\_\_\_\_ inches  
Flue Diameter: \_\_\_\_\_ inches  
Flue/Chimney Height: \_\_\_\_\_ feet

Flue Cap Type/Material: \_\_\_\_\_  
Manufacturer & Type of metal lining, flue, or vent: \_\_\_\_\_  
Are any other appliances attached to the stove flue?  Yes  No

**Brief Description of Proposed Work:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTIMATED CONSTRUCTION COSTS:**

Cost of Project, including cost of solid fuel burning appliance, any related venting/chimney parts and materials, hearth/surround materials, related carpentry materials, electrical work (req. separate permit and licensed electrician), and labor for all of the above:

\$ \_\_\_\_\_ Building Permit Fee: \_\_\_\_\_

**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 issuance of building permit. Signed Affidavit Attached:  Yes  No

**CONSTRUCTION SERVICES:**

**Licensed Construction Supervisor**

Not Applicable, See Below

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

C.S. License Number: \_\_\_\_\_ Exp: \_\_\_\_\_

**Registered Home Improvement Contractor**

Not Applicable, See Below

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

HIC Registration No.: \_\_\_\_\_ Exp: \_\_\_\_\_

\_\_\_\_\_  
Licensed Construction Supervisor Signature

\_\_\_\_\_  
Registered Home Improvement Contractor Signature

**Complete this section if Licensed Construction Supervisor does not sign permit application:**

The current exemption for "homeowners" was extended to include **owner-occupied one or two-family dwellings**. It allows such homeowners to engage an individual for hire who does not possess a construction supervisor's license, provided that the homeowner acts as supervisor. (*State Building Code 7<sup>th</sup> Edition, Section 5108.3.5.1 Exception*)  
Definition of 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. The undersigned "homeowner" assumes responsibility for compliance with the State Building Code, the City of Fitchburg Building Department inspection requirements, and all other applicable codes, by-laws, rules, and regulations.

\_\_\_\_\_  
Homeowner Signature

**Complete this section if Registered Home Improvement Contractor does not sign 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.*

I hereby certify that Home Improvement Contractor Registration is not required for the following reason(s):

- Work excluded by law
- Job under \$1000
- Building not owner-occupied
- Building does not contain 1-4 Dwelling Units
- 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.

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

**PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES:**

Buildings and structures containing more than 35,000 cubic feet of enclosed space (including basement) are subject to Construction Control pursuant to 780 CMR 116. Applications for Building Permits associated with such structures shall be accompanied by a Construction Control Affidavit and an attached list of names, addresses, phone numbers, signatures, registration numbers, and expiration dates for all registered architects and registered engineers involved in the project.

**PROPERTY OWNERSHIP/AUTHORIZED AGENT:**

Owner of Record: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**OWNER AUTHORIZATION:** Complete this section if 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.

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

\_\_\_\_\_  
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 the pains and penalties of perjury.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**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 homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- 5.  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.  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):

- 7.  New construction
- 8.  Remodeling
- 9.  Demolition
- 10.  Building addition
- 11.  Electrical repairs or additions
- 12.  Plumbing repairs or additions
- 13.  Roof repairs
- 14.  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 MGL c. 152, §25A is a criminal violation punishable by 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. 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)



**City of Fitchburg**  
OFFICE OF THE TREASURER

166 Boulder Drive  
Fitchburg, MA 01420

Anne M. Cervantes  
Treasurer/Collector

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE OF TAX COMPLIANCE**

This document signed by the Treasurer certifies that as of the above date, that the above named Applicant is in compliance and in good standing with its tax obligations and fees payable under City code, including real estate, personal property and water and sewer fees and is not a delinquent taxpayer (longer than 12 months outstanding). This Certificate is issued in compliance with Part II, Article 3, Chapter 120, Section 22, Subsection (C) as amended by City Council. This Certificate is required for all original applications and renewal applications for any license or permit, other than those referred to in Section 120-24, and issued by any Department, Officer, Board, or Commission of the City but not limited to Building Permits, Zoning Board Appeals Applicants, Planning Board Applications, and Special Permits.

Very truly yours,

Anne M. Cervantes  
Treasurer/Collector  
City of Fitchburg



***Fitchburg, Massachusetts***  
*Office of the  
Building Commissioner*

**Mark Barbadoro**  
Building Commissioner

**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)