

Town of Monson

Massachusetts

BUILDING DEPARTMENT AND ZONING ENFORCEMENT

29 Thompson Street
Monson, MA 01057

Paul Tacy
Building Commissioner



Demolition Permit Application Requirements

Service Connections:

Before a building or structure is demolished, the owner or agent shall notify all relevant utilities – water, sewer, gas, electricity, phone, cable, etc. – and obtain a release stating their service connections have been terminated properly. In some cases a DIG SAFE number will be required (1-888-344-7233).

Notice to Abutters:

A written notice must be given to owners of adjoining lots before a demolition permit can be issued. This requirement may be waived for simple projects.

Debris:

Debris must be disposed of in a properly licensed solid waste disposal facility. All debris must be removed from the site, and any remaining cellar hole must be filled with clean fill. Provisions must be made to avoid the accumulation of water, rubbish and unsafe or hazardous conditions.

Commercial Buildings:

The Mass. Department of Environmental Protection (DEP) may require the filing of applications prior to demolition of commercial buildings. Any building containing asbestos is also under the jurisdiction of the DEP. The Town of Monson Building Department does not enforce DEP regulations. Contact the DEP at (413) – 784 – 1100 Extension 2210 or at their website: www.mass.gov/dep.

Bond:

On occasion, the scale and/or location of the project may require the posting of a bond in favor of the Town of Monson prior to the issuance of a demolition permit. You will be informed if this applies to your project.

Note: Demolition of a structure on a non-conforming lot (smaller, or with less frontage than required by zoning) may prompt special considerations if the structure is to be replaced or rebuilt. Please consult the Building Dept.

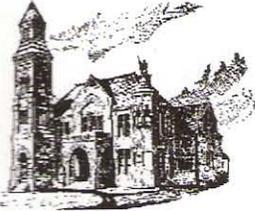
Certification by Owner/Contractor

I, _____ hereby certify by execution of the enclosed application to demolish a structure or building that the information contained therein (including attachments) is true and correct, that I have read and understand all the above listed requirements, and that I will abide by all applicable laws and regulations regarding the demolition. I further verify that no substantive change(s) in the project scope will be made without approval from the Building Department. The owner hereby grants permission to the Inspector of Buildings or his designee to enter onto the property for the purpose of ensuring compliance with any permits and requirements. I agree that twenty-four hours notice shall be given to the Building Department prior to start of work, and that all associated work, including clean up will be completed within thirty days. I agree that, upon completion of all work, I shall notify the Building Department and request an inspection of the site.

Signature of Owner or Contractor

Date

Demolition Permit Application

	<p style="text-align: center;">Town of Monson 29 Thompson Street Monson, MA 01057 Tel 413-267-4111 Fax 413-267-4108 Email ptacy@monson-ma.gov</p>
Building Permit Number: _____	Date Issued: _____
Signature _____ <small>Building Commissioner</small>	Permit Fee: \$100.00 Paid: _____

Site Information

Property Address: _____	Use (single family, multi family, commercial, etc)
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Property Owner Information

Name: _____	Address: (If different from above) _____
Signature: _____	Phone: _____
	Cell: _____

Contractor Information

Licensed Construction Supervisor: _____	CSL License Number: _____	Expiration Date: _____
Address: Number and street _____ City/Town _____ Zip _____	Telephone: _____	Cell phone: _____
	Signature: _____	
	HIC Registration Number: _____	Expiration Date: _____

Description of Proposed Work

Construction Debris:

In accordance with the provisions of MGL Chap 40, Section 54, a condition of a building permit is that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL Chap 111, Section 150A.

The debris will be disposed of in: _____ <i>(Location of facility or name of certified hauler/ dumpster company)</i>

Utility Notification:

It shall be the owner/contractor's responsibility to notify all utilities and abutters and obtain disconnection notices prior to the issuance of this permit. Please check each box indicating that the utility has been appropriately notified and disconnected, and the abutters have been notified in writing.

<input type="checkbox"/> Town Water	<input type="checkbox"/> Town Sewer	<input type="checkbox"/> Electricity	<input type="checkbox"/> Private Well	<input type="checkbox"/> Private Septic
<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel oil/Fire Dept	<input type="checkbox"/> Telephone	<input type="checkbox"/> Cable	<input type="checkbox"/> Abutters

COMPLETE EITHER OF THE FOLLOWING:

Agent Authorization – To be completed when **contractor** applies for building permit

I _____, as owner of the subject property hereby authorize
(print Owner's name)
_____, to act on my behalf in all matters relative to work
(print Contractor's name)
authorized by this building permit application.

Signature of Owner: _____ Date: _____

OR:

Homeowner license exemption – To be completed when **homeowner** applies for permit

Definition of a homeowner:

Person 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.

I, _____ verify that I qualify as a homeowner as defined above, and wish to apply for a building permit in my own name. I will take full responsibility for all duties of the general contractor, including, but not limited to arranging for inspections and being present when inspections are done. I realize that I shall be responsible for all work, and for full compliance with the Mass. State Building Code and the Town of Monson Zoning Bylaw. I shall further be responsible for all subcontractors working on the job, and that I shall have no access to the Guarantee Fund established by the Home Improvement Contractor Registration Program.

Signature: _____ Date: _____

ALL APPLICANTS MUST COMPLETE THE FOLLOWING:

Declaration of Accuracy – To be completed by person applying for permit – Contractor or Homeowner

I _____, as Owner/Agent hereby declare that the statements and
(print name)
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

Date: _____

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**NOTE: THE ATTACHED WORKERS' COMPENSATION AFFIDAVIT
MUST BE SUBMITTED WITH EVERY PERMIT APPLICATION**



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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 an 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 (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."

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia