Solid Fuel Burning Appliance Application

1 Property Address:

_____

SECTION 2: PROPERTY OWNERSHIP[1]

2 Owner[1] of Record:

_____ _____

Name (Print) Mailing Address:

_____ _____

Signature Telephone

3 Licensed Construction Supervisor (CSL)

_____ _____

Name of CSL- Holder CSL number

_____ _____

Address Type of CSL

_____

Signature

_____ _____

Telephone Date of Expiration

4 Registered Home Improvement Contractor (HIC)

_____ _____

HIC Company Name or HIC Registrant Name Registration Number

_____

ADDRESS PHONE _____

_____ _

SIGNATURE Expiration Date

5

Type Stove Pellet_____ Wood _____ Coal_____Other_____

Name Of Stove _____

Serial Number _____ **UL Number** _____

Venting Into _____

Location of Stove _____

Estimated Cost: $_____

SECTION 6 : PROPERTY OWNER MUST SIGN AUTHORIZATION FOR OWNER'S AGENT OR CONTRACTOR BEFORE APPLY FOR A BUILDING PERMIT

I, _____, as Owner of the subject property hereby
(PROPERTY OWNER PRINT)

authorize _____ to act on my behalf, in all matters relative to
(CONTRACTOR)

work authorized by this building permit application.

_____ _____

Signature of Owner Date

An Owner who obtains a building owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program permit to do his/her own work, or an), will *not* have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively

SECTION 7 : AUTHORIZED AGENT OR CONTRACTOR

I, _____, as Owner or Authorized
(PARTY WHOM IS DOING THE WORK)

Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf _____
(Print Name)

_____ _____

Signature of Owner or Authorized Agent Date
(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 a 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 #:** _____