

COMMERCIAL PACKAGE

DEVELOPMENT & INSPECTIONAL SERVICES PERMIT CHECKLIST

This form must contain all the information & signatures requested prior to submitting any permit to the Office of Development & Inspectional Services (ODIS). Incomplete forms will not be accepted. If only interior work is to be performed, or roofing and siding, Tax Collector signature only will be required with permit application.

Permit Address: _____ Map: _____ Parcel: _____

Description of Work: _____

1. Signature from Tax Collector that all taxes, liens etc... paid: _____
2. Signature from Assessors Office: _____ (Copy of assessors map required)
3. Signature of Zoning Enforcement Officer: _____
4. Signature from Fire Department : _____ *
5. Signature from Conservation Commission: _____ **
6. Signature from Utilities & Facilities Director or Highway Supt.: _____ ***
7. Signature of Sewer Department: _____ Municipal Sewer()
 or
8. Signature of Board of Health: _____ () Private Sewer/Septic System****
9. Signature of Water Department: _____ () Municipal Water
 or
10. Signature of Board of Health: _____ () Private Well*****
11. Signature of Town Planner***** _____
12. Is any work within an identified Aquifer Protection Zone? Yes___ No___ Zoning Officer Verification _____
13. Any tree removal within 15' of roadway. Yes___ No___ If yes- Tree Warden signature: _____
14. Dumpster over 1.5 cu yds. Requires BOH approval. BOH signature _____

*All plans must be stamped by the Fire Dept. for any work involving, but not limited to, habitable space additions, alterations or new construction, smoke & CO detector install/ placement, temporary event tents or bottled gas use.

**Conservation Commission must sign for any work involving disturbing of soil, removing of trees etc..., within 100 ft. of any wetland or intermittent stream, or pond, or within 200 ft. of any perennial stream or river that flows year round.

***Utilities & Facilities Superintendent or designee must sign for excavations or earth disturbance of any kind on private property within 15 ft. of any roadway, Public or Private. Also includes trenching, grading, underground utility work (i.e., gas, electric, water, sewer, etc.), site access and/or existing or new driveway related work.

****Either Board of Health or Sewer Dept. must sign off as to type of sewerage disposal system utilized at property.

*****Either Board of Health or Water Dept. must sign off on type of potable water utilized at property.

*****Town Planner signature required if the following: Development on private subdivision roads and developments requiring Site Plan Review, Special Permit, or Variance.

Contractor/ Applicant: _____ : _____ Date: _____
 (Signature) (Print last name)

At any time if scope of work changes a new checklist must be submitted along with revised plans.

If you require the building permit card mailed to you please submit with your application a stamped self-addressed envelope.



The Commonwealth of Massachusetts

Department of Public Safety
Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: _____ Date Applied: _____ Building Official: _____

SECTION 1: LOCATION

No. and Street _____ City /Town _____ Zip Code _____ Name of Building (if applicable) _____
Assessors Map # _____ Block # and/or Lot # _____

SECTION 2: PROPOSED WORK

Edition of MA State Code used _____ If New Construction check here or check all that apply in the two rows below

Existing Building Repair Alteration Addition Demolition (Please fill out and submit Appendix 2)

Change of Use Change of Occupancy Other Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes No

Is an Independent Structural Engineering Peer Review required? Yes No

Brief Description of Proposed Work: _____

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34)

Existing Use Group(s): _____ Proposed Use Group(s): _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 A-2 Nightclub A-3 A-4 A-5 B: Business E: Educational

F: Factory F-1 F-2 H: High Hazard H-1 H-2 H-3 H-4 H-5

I: Institutional I-1 I-2 I-3 I-4 M: Mercantile R: Residential R-1 R-2 R-3 R-4

S: Storage S-1 S-2 U: Utility Special Use and please describe below:

Special Use Description: _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA IB IIA IIB IIIA IIIB IV VA VB

SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
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Railroad right-of-way:
Not Applicable
or Consent to Build enclosed

Hazards to Air Navigation:
Is Structure within airport approach area?
Yes or No

MA Historic Commission Review Process:
Is their review completed?
Yes No

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____
Does the building contain an Sprinkler System?: _____ Special Stipulations: _____
Design Occupant Load per Floor and Assembly space: _____

If you require the building permit card mailed to you please submit with your application a stamped self-addressed envelope.

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) _____ No. and Street _____ City/Town _____ Zip _____

Property Owner Contact Information:

Title _____ Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

If applicable, the property owner hereby authorizes:

Name _____ Street Address _____ City/Town _____ State _____ Zip _____
 to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.

SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)

If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here .
 Otherwise provide construction control forms (see section 107 in the code) as required.

10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)

Name (Registrant) _____	Telephone No. _____	e-mail address _____	Registration Number _____
Street Address _____	City/Town _____	State _____ Zip _____	Discipline _____ Expiration Date _____

10.2 General Contractor

Company Name _____

Name of Person Responsible for Construction _____ License No. and Type if Applicable _____

Street Address _____ City/Town _____ State _____ Zip _____

Telephone No. (business) _____ Telephone No. (cell) _____ e-mail address _____

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes No

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs: (Labor and Materials)	
1. Building	\$ _____	Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____. Note: Minimum fee = \$ _____ (contact municipality) Enclose check payable to _____ (contact municipality) and write check number here _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name _____ Title _____ Telephone No. _____ Date _____

Street Address _____ City/Town _____ State _____ Zip _____ Email Address _____

Municipal Inspector to fill out this section upon application approval: _____
 Name _____ Date _____

Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

Registered Professional Contact Information

<hr/> <hr/> Name (Registrant)	<hr/> <hr/> Telephone No.	<hr/> <hr/> e-mail address	<hr/> <hr/> Registration Number	<hr/> <hr/> Discipline	<hr/> <hr/> Expiration Date
<hr/> <hr/> Street Address	<hr/> <hr/> City/Town	<hr/> <hr/> State	<hr/> <hr/> Zip		
<hr/> <hr/> Name (Registrant)	<hr/> <hr/> Telephone No.	<hr/> <hr/> e-mail address	<hr/> <hr/> Registration Number	<hr/> <hr/> Discipline	<hr/> <hr/> Expiration Date
<hr/> <hr/> Street Address	<hr/> <hr/> City/Town	<hr/> <hr/> State	<hr/> <hr/> Zip		
<hr/> <hr/> Name (Registrant)	<hr/> <hr/> Telephone No.	<hr/> <hr/> e-mail address	<hr/> <hr/> Registration Number	<hr/> <hr/> Discipline	<hr/> <hr/> Expiration Date
<hr/> <hr/> Street Address	<hr/> <hr/> City/Town	<hr/> <hr/> State	<hr/> <hr/> Zip		

Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

Appendix 2
(For total demolition only)

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location

No. and Street	City /Town	Zip	Name of Building (if applicable)
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Assessors Map #	Block # and/or Lot #
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For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (if applicable)			
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Other (if applicable)	



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.

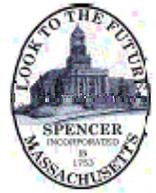
City or Town: _____ Permit/License # _____

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 #: _____

TOWN OF SPENCER
Office of Development & Inspectional Services



*Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health*

*Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist*

*Memorial Town Hall
157 Main Street
Spencer, MA 01562*

*Tel: 508-885-7500 ext. 180
Fax: 508-885-7519*

DEBRIS DISPOSAL

**COMMONWEALTH OF MASSACHUSETTS
DEBRIS DISPOSAL**

IN ACCORDANCE WITH THE PROVISIONS OF MGL C40, S54, A CONDITION OF BUILDING PERMIT NUMBER _____ IS THAT THE DEBRIS RESULTING FROM THIS WORK SHALL BE DISPOSED OF IN A PROPERLY LICENSED SOLID WASTE DISPOSAL FACILITY AS DEFINED BY MGL C111, S150A.

LOCATION OF FACILITY

CONSTRUCTION SITE ADDRESS

SIGNATURE OF PERMIT APPLICANT

DATE

Homeowner/Contractor Warning Notice

- Homeowner is defined as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and/or farm structures. **If you do not meet this definition a building permit cannot be issued to you as the homeowner.**
- You will be **personally responsible** for all work on this project.
- You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
- You must supervise all work.
- You must call the Building Dept. to schedule all required building inspections.
- If homeowner you must be present for all building inspections.
- If homeowner you have waived all rights to the Massachusetts Guaranty Fund.
- If homeowner you are the General Contractor of the project and the court of law will view you as such if you are sued, or if you should have the need to sue another party.
- If homeowner our subcontractors may lien your property.
- Any worker injured on your project may sue you if you or the company they work for does not carry Worker's Compensation Insurance.
- Failure to carry Worker's Compensation Insurance may result in criminal penalties, i.e. fines and/or imprisonment. (Reference MGL c. 152/25)
- You must file with the Conservation Commission if ANY work is within 100 feet of any wetlands, stream, lake or pond. If you are not sure, a Request for Determination must be filed along with the Building Permit Application.

Are you working within 100 Feet of wetlands? Yes No Not Sure

- You must have Utilities & Facilities sign the front page of the application if you check yes for any of the following.

Are you working within 15 feet of the Road? Yes No

Are you creating a new driveway? Yes No

Are you reconstructing or altering an existing driveway? Yes No

Homeowner Signature: _____ **Date:** _____

Or

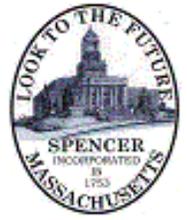
Contractor Signature: _____ **Date:** _____

Your signature verifies you have read this warning and understand its requirement.

Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

TOWN OF SPENCER

Office of Development & Inspectional Services



Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

Stormwater Permit Application Checklist

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Date _____

Name of applicant(s) _____ Tel # _____

Address of Applicant(s) _____

Type of Permit* _____

Location of property _____ Map/Parcel# _____

Name(s) of Property Owner(s) _____ Tel # _____

Address(es) of Property Owner(s) _____

Is proposed Land Conversion Activity ** Equal or Greater than 1 acre? Yes _____ No _____

If Yes, Stormwater Permit Required. If No, Answer Questions 1-3 below:

1. Is proposed work located within 100 feet of any existing or proposed inlet to any storm drain, catch basin, or other storm drain system component discharging to any lake, pond, river, stream or wetland?

Yes _____ No _____

2. Does project occur on or result in a slope of 15% or greater.?

Yes _____ No _____

3. Does proposed Land Conversion Activity** disturb greater than 10,000 square feet in area?

Yes _____ No _____

If Yes to 2 or more of the above, Stormwater Permit Required.

If Yes to less than 2 of the above, No Stormwater Permit Required.

Is project located in the Aquifer Protection District? Yes _____ No _____

Will this project relocate/reconfigure/repave an existing driveway or build a new driveway?

Yes _____ No _____

If yes to above, please list: Driveway Permit No. _____ Date Approved: _____

Other approvals/permits required: _____

* This form must be completed for all projects that disturb soil or vegetation.

Definition of Land Conversion Activity: Any new Development, Redevelopment, Clearing*, or Disturbance of Land****.

*** Definition of Clearing: Any activity that removes or disturbs the vegetative surface cover.

**** Definition of Disturbance of Land: Any action, including clearing, that causes a change in the position, location, or arrangement of soil, sand, rock, gravel or similar earth material.

BUILDING PLANS

Bring (2) sets of plans to the fire department for review (if applicable). One complete set of Building Plans must be submitted with the application. This set will be kept on file with the Development & Inspectional Services Department. The other set of plans is required to be on site and accessible to the contractor and/or Inspector at all times. All plans are to be legible and identified as to job sight and owner. The plans must include:

Scale

Plans to be drawn to scale, with scale clearly indicated on all prints.

Elevations

Plans must show all sides of buildings in their finished state and include approximated site elevations.

Foundation Plan

Plan showing in detail all footings, foundation walls, drops and frost walls.

Floor Plans

Plan of each floor dimensioned clearly identifying all rooms, closets, stairwells, etc.

Framing Plans

Plans to include deck framing plan for each floor area proposed showing all openings with framing details and spans clearly listed.

Exterior wall framing plans showing spans and size of all openings with header sizes clearly indicated. Insulation type, thickness, R-value, sheathing thickness, wrap and finish materials to be clearly indicated.

Roof framing plan showing framing size, spacing and pitch. Also clearly identify: sheathing thickness and type, felt type and weight; roofing material type and weight; and insulation and ventilation sizes and types.

Window / Door Schedule

Plans to have a list of all windows and door sizes and styles. List can be on separate page or incorporated on other pages provided they are clearly listed.

Trusses / Engineered Beams

All engineered components shown must be accompanied by a drawing with original engineer's seal. All steel shown to be accompanied with size weight/web calculations and accompanied by drawing with engineer's seal.

Energy Conservation Application Form

MASSCheck Software Report / Component Performance (manual trade-off worksheet)

Smoke Detector System

Plans to show location, type, manufacturer and model numbers of all components.

Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

TOWN OF SPENCER
Office of Development & Inspectional Services



Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

REQUIRED BUILDING INSPECTIONS

It is the responsibility of the permit applicant to insure that all of the required inspections and necessary approvals are obtained before the work proceeds.

Excavation

The hole is to be inspected before any concrete is poured (footing forms can be installed). This inspection is to insure proper soil conditions and weather conditions prior to the pouring of concrete.

Foundation

Foundation is to be inspected before backfilling. Ties are to be snapped, tie holes to be grouted, walls damp-proofed and drainage installed with approved filter membrane material.

As-Built Plan

An As-Built plan must be submitted to this department and inspected along with the foundation prior to framing. As-Built must have an original stamp of a registered land surveyor.

Wiring/Plumbing/Gas

All Rough approvals must be obtained prior to scheduling a Framing Inspection.

Framing

Framing is to be complete and all utilities roughed in before inspection. Weather-tight shell, doors and windows installed. All fire blocking installed where required.

Insulation

NO INSULATION IS TO BE INSTALLED UNTIL THERE IS A WEATHER TIGHT SHELL. Insulation is to be installed with face or vapor barrier installed on winter warm side of all conditioned spaces.

Wiring/Plumbing/Gas

Final approvals must be obtained prior to Final Building Inspection.

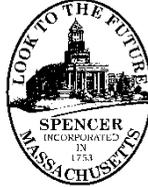
Final Building Inspection/Certificate of Occupancy

The Building Inspector is the last inspector to sign off. All other inspectors' signatures must be on the building permit card. Note: For new construction, a smoke detector certificate and height certificate must be submitted to this department in order to schedule a certificate of occupancy inspection. NO BUILDING SHALL BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED BY THE OFFICE OF DEVELOPMENT & INSPECTIONAL SERVICES.

TOWN OF SPENCER, MASSACHUSETTS
OFFICE OF THE
SEWER COMMISSION

FRANCIS X. WHITE, CHAIRMAN
LAWRENCE H. DUFAULT, CLERK
MICHAEL J. MERCADANTE, MEMBER

JAMES T. LAPLANTE, JR.,
SUPERINTENDENT



3 OLD MEADOW ROAD
SPENCER, MA 01562
TEL. 508-885-7541
TTY 508-885-7525
PLANT 508-885-7542

Notice

ATTENTION SEWER USERS OF INFILTRATION & INFLOW (I&I)

Infiltration and inflow are any storm water, surface water, groundwater, roof runoff or subsurface drainage that enters a sanitary sewer system through direct and indirect means such as Residential, Commercial, and Industrial lateral connections, sump pumps, roof gutters, foundation perimeter drains, etc. These flows may cause sewer backups and overflows and are illegal.

Regulation of Sewer Use, Article IV, Use of Public Sewers, Sec. 1 states: "No person shall discharge or cause to be discharged any storm water, surface water, groundwater, roof runoff, subsurface drainage, uncontaminated cooling water, or unpolluted industrial process waters to any sanitary sewer. Existing connections of this type shall be removed as required by the Sewer Commission." A \$20.00 per day fee will be charged for these illegal connections.

If you plan on expansion of a Residence, Commercial, or Industrial Property you should inquire with the Spencer Sewer Department regarding any potential I & I impact fees that may be assessed by the additional flows that may be added to the existing sewer collections system. **These fees are based on Mass DEP 310 CMR 15.203.** You may be asked to attend a Board of Sewer Commissioners meeting with any plans, drawings, and or documents pertaining to the possible increase in flows.

If you fail to do so you may be fined and or a suspension of water services until corrective action has been taken.