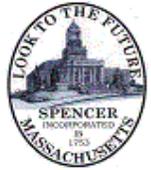


Planning Board  
Zoning Board of Appeals  
Conservation Commission  
Board of Health

# 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

Town Planner  
Inspector of Buildings  
Health Agent  
Wetland/Soil Specialist

## BUILDING PERMIT APPLICATION for Existing Buildings

Date \_\_\_\_\_

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

1. Type of Permit:  Alteration  Repairs  Insulation/ Weatherization  Shed  Temporary Trailer  Garage (Only if attached)  
 Remodel  Above/ In-Ground Swimming Pool  Roof/windows/Doors  Rooftop Solar  Other \_\_\_\_\_

2. Property Information:

Location of Property _____	Map/Parcel# _____
Name and Address of Property Owner: _____	Tel # _____
If new owner, previous owner and date title recorded _____	
Use Group of Building _____	if dwelling, number of units' _____
Will Use Group be changed? _____	Specify Changes _____

3. Professional Services

Name and Address of Architect _____	
Name of Contractor _____	Tel # _____
Address of Contractor _____	
Mass Construction Supervisors License _____	Expiration Date _____
Home Improvement Contractor Registration _____	Expiration Date _____

4. Workers' Compensation Insurance – A certificate of insurance indicating a valid Workers' Comp. Insurance Policy and a completed Workers' Comp. Insurance Affidavit must be submitted with this application.

5. Setbacks                      Front \_\_\_\_\_                      Rear \_\_\_\_\_                      Left side \_\_\_\_\_                      Right side \_\_\_\_\_

6. Signature from Tax collector that all taxes, liens, etc....paid: \_\_\_\_\_

7. Signature from Assessors Office: \_\_\_\_\_

8. Estimated Construction Cost, including Wiring, Plumbing & Gas \_\_\_\_\_

9. The homeowner/contractor must file with the Conservation Commission if ANY work is within 100 feet of any wetland, stream, lake or pond. If you are not sure, a Request for Determination must be filed along with the Building Permit Application.

Will you be working 100 feet of any wetland Y\_\_\_ N\_\_\_

10. If yes to #9, Signature from Conservation Commission: \_\_\_\_\_

11. Will this project relocate/reconfigure/repave an existing driveway or build a new driveway: Y\_\_\_ N\_\_\_

12. If yes to #11, Highway Department Signature: \_\_\_\_\_

### DETAILED DESCRIPTION OF PROPOSED WORK – SCOPE OF WORK

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

Fee _____
Permit No. _____
Date issued _____
ZBA _____

\_\_\_\_\_  
Signature of Owner  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone

\*Building Permit issued pursuant to 780 CMR, Massachusetts State Building Code Requirements\*

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

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*

**DEBRIS DISPOSAL**

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

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

---

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



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*  
157 Main Street, Spencer, MA 01562

**AFFIDAVIT**  
**Home Improvement Contractor Law**  
**Supplement to Permit Application**

The Office of Consumer Affairs and Business Regulation ("OCABR") regulates the registration of contractors and subcontractors performing improvements or renovations on detached one to four family homes. Prior to performing work on such homes, a contractor must be registered as a Home Improvement Contractor ("HIC").

M.G.L. Chapter 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.

*Note: If the homeowner contracted with a corporation or LLC, that entity must be registered.*

Type of Work: \_\_\_\_\_ Est. Cost \_\_\_\_\_

Address of Work: \_\_\_\_\_

Date of Permit Application: \_\_\_\_\_

I hereby certify that:

Registration is not required for the following reason(s):

- Work excluded by law:(explain) \_\_\_\_\_
- Job under \$1,000.00 \_\_\_\_\_
- Building not owner-occupied \_\_\_\_\_
- Owner obtaining own permit (explain) \_\_\_\_\_
- Other (specify) \_\_\_\_\_

**OWNERS OBTAINING THEIR OWN PERMIT OR ENTERING INTO CONTRACTS WITH UNREGISTERED CONTRACTORS OR SUBCONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK ARE NOT ELIGIBLE FOR AND DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. Chapter 142A.**

Signed under the penalties of perjury:

I hereby apply for a permit as the agent of the owner:

\_\_\_\_\_  
Date Contractor Name HIC Registration No.

OR:

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

\_\_\_\_\_  
Date Owner Name and Signature

# 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:

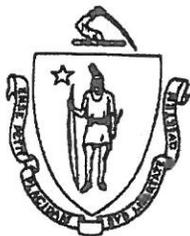
The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, MA 02111

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

Fax # 617-727-7749

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

Homeowner License Exemption



Charles D. Baker  
Governor

Karyn E. Polito  
Lieutenant Governor

The Commonwealth of Massachusetts  
Department of Public Safety  
One Ashburton Place, Room 1301  
Boston, Massachusetts 02108-1618  
Phone (617) 727-3200  
Fax (617) 727-5732  
[www.mass.gov/dps](http://www.mass.gov/dps)

Daniel Bennett  
Secretary

Matt Carlin  
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)

# 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.

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

## Instructions for a Building Permit Application

**Application for a Building Permit to the Town of Spencer must include a completed Building Permit Application, Building Plans, a Certified Plot Plan, a current Certificate of Insurance and Insurance Affidavit, copy of Construction Supervisor License, a Home Improvement Registration Affidavit with copy of the registration (if applicable), and the appropriate fee. Incomplete applications will not be accepted.**

### BUILDING PERMIT APPLICATION

All Building Permit Application Forms must be filled out accurately and completely. Please print legibly or type the information. The permit location must include the house number and full street name. Approval required from all applicable departments or the necessary copy of documentation from said department.

**All applications must be signed by the owner of record.**

TOWN COLLECTOR for verification that all taxes have been paid  
BOARD OF ASSESSORS for map, parcel and house number.  
BOARD OF HEALTH for well and/or septic system.  
CONSERVATION COMMISSION for wetland issues.  
SEWER/WATER DEPARTMENT for town connections.  
HIGHWAY DEPARTMENT for driveway permit and Scenic Road permit.  
FIRE DEPARTMENT for new construction/ bedroom additions/ all commercial permits.

### WORKERS' COMPENSATION INSURANCE

All applications must include a current Certificate of Insurance indicating Workers' Compensation Insurance with the Town of Spencer listed as the certificate holder for all contractors working on site and completed Workers' Compensation Insurance Affidavit signed by the contractor or the property owner.

### HOME IMPROVEMENT REGISTRATION AFFIDAVIT

All proposed home improvement work, including accessory structures and in-ground swimming pools, require a completed Home Improvement Registration Affidavit signed by the contractor or the property owner.

### PLOT PLAN

An accurate Plot Plan must be submitted for all new construction, additions and swimming pools. The plan must be drawn to scale and must show all boundaries, frontage and setbacks. All existing and proposed structures must be clearly shown. Plan must have an original seal and signature of a registered land surveyor.

**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.