

**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.\*\*\*

# 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

## APPLICATION FOR DEMOLITION PERMIT

Date \_\_\_\_\_

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

1. Type of Permit     New Construction     Addition     Alteration     Repairs     Demolition  
 Shed     Trailer     Swimming Pool     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. Area of lot \_\_\_\_\_ s/f      Percentage of lot coverage \_\_\_\_\_ %
6. Proposed Foundation Dimensions    Front \_\_\_\_\_    Rear \_\_\_\_\_    L/side \_\_\_\_\_    R/side \_\_\_\_\_
7. Footprint of New Construction (s/f) \_\_\_\_\_      Total Footprint \_\_\_\_\_
8. Setbacks      Front \_\_\_\_\_      Rear \_\_\_\_\_      Left side \_\_\_\_\_      Right side \_\_\_\_\_
9. Living Area First Floor \_\_\_\_\_ s/f    Living Area Above First Floor \_\_\_\_\_ s/f    Total Living Area \_\_\_\_\_  
Area of Garages/Barns \_\_\_\_\_ s/f    Area of Decks/Porches \_\_\_\_\_ s/f    Area of Non-Living Space \_\_\_\_\_
10. Height of Building or addition (above mean average grade) \_\_\_\_\_
11. Sewage Disposal System     Municipal     Private    Town Official Approval \_\_\_\_\_
12. Water Supply     Municipal     Private    Town Official Approval \_\_\_\_\_
13. Approval from Town Collector for all taxes paid \_\_\_\_\_
14. Estimated Construction Cost, including Wiring, Plumbing & Gas \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fee _____	
Permit No. _____	
Date issued _____	
ZBA _____	
ConCom _____	
_____	

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**TOWN OF SPENCER**  
*Office of Development & Inspectional Services*



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

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

**REQUIREMENTS FOR  
DEMOLITION PERMIT**

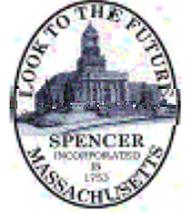
*Memorial Town Hall  
157 Main Street  
Spencer, MA 01562*

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

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**REQUIREMENTS FOR DEMOLITION PERMIT**

1. Verification of Asbestos Removal completed or inspection report stating no presence of Asbestos.
2. Utility Disconnects – form attached must be completed by utility companies.
3. Solid Waste Disposal Form (M.G.L. c111, s150A).
4. Notice to adjoining owners – 112.2 form must be completed and returned with a copy of letter sent to owners. (Form attached to use for notification)
5. A Certified Plot Plan of existing property showing all building to be demolished.
6. Worker's Compensation Insurance Affidavit.
7. Submit Application for Demolition Permit, all of the above information and fee at the same time.



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

UTILITY  
DISCONNECTION  
FORM

Memorial Town Hall  
157 Main Street  
Spencer, MA 01562

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

Disconnect form to be returned to the Building Department with permit application.

Date \_\_\_\_\_

\_\_\_\_\_  
Demolition Site

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Contractor

Signatures or written statements of authorized persons for utility companies and/or other required departments must be included below and/or as attachments to this form. Note: A permit to demolish a building shall not be issued until a release is obtained from the utility companies stating that their respective service connection and appurtenant equipment have been removed, sealed or capped in a safe manner.

Date \_\_\_\_\_

Electric Company \_\_\_\_\_  
Authorized Signature

Date \_\_\_\_\_

Gas Company \_\_\_\_\_  
Authorized Signature

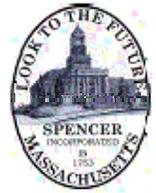
Date \_\_\_\_\_

Water Department \_\_\_\_\_  
Authorized Signature

Date \_\_\_\_\_

Sewer Department \_\_\_\_\_  
Authorized Signature

**TOWN OF SPENCER**  
*Office of Development & Inspectional Services*



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

*Town Planner  
Inspector of Buildings  
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**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.

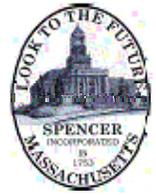
\_\_\_\_\_  
LOCATION OF FACILITY

\_\_\_\_\_  
CONSTRUCTION SITE ADDRESS

\_\_\_\_\_  
SIGNATURE OF PERMIT APPLICANT

\_\_\_\_\_  
DATE

TOWN OF SPENCER  
*Office of Development & Inspectional Services*



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

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## NOTIFICATION TO ABUTTERS

**\*\*\*Form attached to use for notification\*\*\***

PER 780 CMR 112.0

DEMOLITION OF STRUCTURES

STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

112.2 NOTICE TO ADJOINING OWNERS:

THE FOLLOWING ADJOINING OWNERS HAVE BEEN NOTIFIED OF  
DEMOLITION OF STRUCTURE LOCATED AT: \_\_\_\_\_

Name:	Address:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Signature of Applicant: \_\_\_\_\_



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.

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.

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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)

**COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
CENTRAL REGIONAL OFFICE**

**ATTACHMENT A**

**MUNICIPAL ALERT  
ASBESTOS REMOVAL / DEMOLITION**

**Prior to issuance of a local demolition permit, the following items should be addressed by the demolition contractor/applicant/owner:**

1. Under federal regulations, 40 CFR Part 61 Subpart M (NESHAPS), buildings intended to be demolished are required to be surveyed for the presence of asbestos. In the survey, all building materials must be assessed as potential asbestos materials (insulation, flooring, wallboard, plaster, roofing, siding, etc.).
2. Asbestos materials identified in the structure to be demolished must be removed, in accordance with Department of Environmental Protection (DEP) (310 CMR 7.15) and Department of Labor & Industries (DLI) (453 CMR 6.00) regulations, prior to demolition. A Commonwealth of Massachusetts Asbestos Notification Form, Form ANF-001, is required to be filed with the DEP and DLI (jointly) at least 10 working days prior to commencement of asbestos removal. You may contact the appropriate DEP regional office to determine whether or not a notification has been filed for a particular project.
3. Demolition of **ANY** industrial, commercial, institutional or residential building with 4 or more dwelling units requires a DEP demolition notification (Form BWP-AQ-06). This notification is required, under 310 CMR 7.09 which also incorporates the federal regulations, to be filed at least 10 working days prior to commencing demolition. You may contact the appropriate DEP regional office to determine whether or not a state demolition notification has been filed for a particular project.
4. Municipal building inspectors should request that copies of the following be attached to local demolition permit applications:
  - ....NESHAPS building survey for asbestos materials
  - ....Commonwealth of MA Asbestos Removal Notification Form (ANF-001)
  - ....DEP Demolition Notification Form (BWP-AQ-06)

**NOTIFICATION TO ADJOINING OWNERS**

**A DEMOLITION application has been filed with the  
Town of Spencer**

**PER 780 CMR 112.0: DEMOLITION OF STRUCTURES STATE BOARD OF BUILDING  
REGULATIONS AND STANDARDS 112.2 NOTICE TO ADJOINING OWNERS:**

**Applicant:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Location of Property:**

**Street Address:** \_\_\_\_\_ **Spencer, Massachusetts, 01562.**

**Assessors Map Number:** \_\_\_\_\_ **Parcel Number:** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**The work proposed is: (General Project Description)**

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

**Date of proposed demolition:** \_\_\_\_\_

**CONTACT INFORMATION:**

**(Name of person/organization/business)**

\_\_\_\_\_

**(Phone number)** \_\_\_\_\_ **between the hours of** \_\_\_\_\_ **and** \_\_\_\_\_

**OR**

**Town of Spencer Office of Inspectional Services, Memorial Town Hall, 157 Main Street,  
Spencer, Massachusetts 508-885-7500 ext. 180 on Monday through Wednesday 7:30AM  
and on Thursdays from 7:30-12PM, closed on holidays.**