

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

**Disposal System Installers
License Application**

Memorial Town Hall
157 Main Street
Spencer, MA 01562

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

In accordance with 310.CMR 10.02 (2), application is hereby made for Disposal Works Construction Permit.

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Applicant's Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

If business is individually owned, name and address of owner:

Name: _____

Address: _____

If business is owned in partnership, names and addresses of officers:

Name: _____

Address: _____

Name: _____

Address: _____

State of Incorporation: _____ Year Incorporated: _____

Currently Licensed in the Following Towns:

1. _____

2. _____

3. _____

Title V Exam: Yes () No () Date of Exam: _____

Examiner: _____ Score: _____

Signature of Applicant: _____ Date: _____

For official Use Only: Permit # _____ Fee Paid \$ _____ Check #: _____ Date Paid: _____

Date Permit Issued: _____ Date Permit Expires: _____

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*

Tax Compliance Certificate

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

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

MASSACHUSETTS GENERAL LAWS, CH.62 S49A (b)

I hereby certify that I have complied with all the laws of the
Commonwealth of Massachusetts relating to taxes.

(1) Individual Contractor*

(company name)

(print name & title)

(signature)

(2) Corporation, Association or Partnership

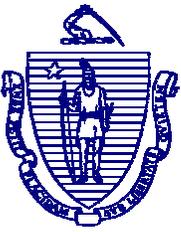
(firm name)

(print name & title)

(signature)

Signed under the pains and penalties of perjury on _____.
(date)

*Note to Contractor: Please sign at (1) or (2), whichever applies.



*The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia*

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

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. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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. Licensing Board
- 5. Selectmen's Office
- 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 your insurance company's name, address and phone number along with a certificate 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). 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

PERMIT # _____

FEE: _____

**TOWN OF SPENCER
MASSACHUSETTS**

In compliance with 310 CMR 15.00, Title 5 of the Massachusetts Environmental Code
this Disposal Works Installers Permit issued to:

The undersigned agrees to construct or repair all on-site sewerage disposal systems within the Town of Spencer, Massachusetts in accordance with the provisions of Title 5, 310 CMR 15.00. No systems are to be constructed, altered or repaired without an Application approved by the Board of Health.

All systems are subject to the following inspections by the Board of Health and the Design Engineer. Initial excavation (tank & SAS), all installed componets prior to covering, and final stabilized cover. (see reverse side for details)

The contractor shall have a copy of the approved plan of the work being done and the "Disposal Works Construction Permit" in his possession at all times and on the premises at the time of the final inspection.

Any variance or modification of the approved plans in the construction or repair of the on-site sewerage disposal system without prior approval of the Board of Health and the Design Engineer will be cause for revocation or suspension of this permit. Fines as per the non-criminal disposition by-law shall be imposed violations of any Board of Health regualtion regarding the construction or repair of any on-site disposal system. By signing this "Permit" the installer agrees to adhere to all applicable rules, regulations, and laws.

(Applicants signature)

Lee Jarvis-Health Agent

Date of Issuance _____

Date expires _____

INSTALLERS REGULATIONS

1. CONTRACTOR/INSTALLER MUST NOTIFY BOH 24 HOURS PRIOR TO START OF ANY SYSTEM CONSTRUCTION.
2. ALL INSPECTIONS MUST BE ARRANGED AT LEAST 24 HOURS IN ADVANCE.
3. INSTALLER IS RESPONSIBLE FOR NOTIFICATION TO DESIGN ENGINEER FOR ALL INSPECTIONS.
4. MINIMUM INSPECTIONS-INITIAL EXCAVATION, ALL COMPONENTS PRIOR TO BACKFILLING, FINAL COVER.
5. ADDITIONAL INSPECTIONS ARE \$50.00 EA.
6. FINAL COVER MUST BE A MIN. OF 4' COMPACTED SCREENED TOPSOIL, SEEDED AND STABILIZED.*
7. IF FINAL COVER IS TO BE DONE AT A LATER DATE, A COMPLETION DATE MUST BE IN WRITING BY INSTALLER OR OWNER, AND APPROVED BY BOH.
8. TRANSIT, MEASURING POLE, AND TAPE MEASURE MUST BE AVAILABLE AND SET UP UPON ARRIVAL OF INSPECTOR.
9. MACHINERY, EQUIPMENT, AND MATERIALS MUST NOT BLOCK SYSTEM COMPONENTS OR BENCHMARK DURING ANY INSPECTION.

*DURING NON-GROWING SEASONS (NOVEMBER THROUGH MAY) ALL AREAS MUST BE STABILIZED USING EROSION CONTROL, BLANKETS, HYDROSEEDING, HYDROSEALING, SHREDDED HAY, MULCH OR EQUAL TECHNOLOGY APPROVED BY BOH. INSTALLER MUST RETURN NO LATER THAN MAY 31ST TO INSPECT AND REPAIR ANY DAMAGED AREAS AND TO SEED IF NECESSARY.

** ANY VIOLATION OF THESE OR ANY REGULATIONS REGARDING THE INSTALLATION OF ON-SITE DISPOSAL SYSTEMS SHALL RESULT IN A NON-CRIMINAL DISPOSITION FINE OF NOT LESS THAN \$50.00 AND NOT TO EXCEED \$300.00 PER VIOLATION. EACH DAY CONSTITUTES A SEPARATE VIOLATION.