



# Commonwealth of Massachusetts

TOWN OF HARDWICK  
BUILDING DEPARTMENT

## Application for Permit to Build

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

The undersigned hereby applies for a permit to build according to the following specifications:

1. Owner's Name \_\_\_\_\_
2. Owner's Mailing Address \_\_\_\_\_
3. Builder's Name \_\_\_\_\_
4. Builder's Mailing Address \_\_\_\_\_  
C.S. Lic # \_\_\_\_\_ H.I.C. Lic # \_\_\_\_\_
5. This permit is to: \_\_\_\_\_
6. Location of building \_\_\_\_\_  
Type \_\_\_\_\_ Use Group \_\_\_\_\_ Size of Lot \_\_\_\_\_ Zoning Dist. \_\_\_\_\_
7. If removal, from where? \_\_\_\_\_
8. Purpose of building \_\_\_\_\_
9. Size of building \_\_\_\_\_ ft long, \_\_\_\_\_ ft wide, \_\_\_\_\_ ft high
10. How near to street \_\_\_\_\_ ft., to adjoining lot on right \_\_\_\_\_ on left \_\_\_\_\_ rear \_\_\_\_\_
11. Size of floor timbers, 1st \_\_\_\_\_ 2nd \_\_\_\_\_
12. Will this building be built on solid \_\_\_\_\_ or filled land \_\_\_\_\_?
13. What is the material for foundation? \_\_\_\_\_
14. Is the roof flat \_\_\_\_\_ pitched \_\_\_\_\_ Mansard \_\_\_\_\_ Hip \_\_\_\_\_ Gambrel \_\_\_\_\_
15. Material of roof covering \_\_\_\_\_
16. Will this building be heated by \_\_\_\_\_ oil \_\_\_\_\_ gas \_\_\_\_\_ electric \_\_\_\_\_ other \_\_\_\_\_
17. Number of brick walls \_\_\_\_\_ location \_\_\_\_\_ thickness \_\_\_\_\_
18. Number of rooms \_\_\_\_\_ of fireplaces \_\_\_\_\_
19. Size of wall studding \_\_\_\_\_ Floor joists 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_
20. WILL THE BUILDING CONFORM TO THE REQUIRED BUILDING CODE? \_\_\_\_\_
21. Estimated cost of building (must be filled out) \_\_\_\_\_
22. Is sewerage disposal system to be constructed \_\_\_\_\_ Altered \_\_\_\_\_ or Repaired \_\_\_\_\_
23. What is the water supply \_\_\_\_\_ Is it suitable for year round use? \_\_\_\_\_
24. Any hazardous material on property? \_\_\_\_\_ yes \_\_\_\_\_ no.  
Description \_\_\_\_\_
25. Any electrical work? \_\_\_\_\_ yes \_\_\_\_\_ no
26. Any plumbing work? \_\_\_\_\_ yes \_\_\_\_\_ no

SIGNATURE OF APPLICANT \_\_\_\_\_  
Phone # \_\_\_\_\_

Applicant agrees to give the Inspector of Buildings 24 hours notice before lathing, plastering or closing in studding on this building.

The building will conform to the requirements of the law.

Ralph Brouillette, Inspector of Buildings  
(413) 477-6702

## NEW CONSTRUCTION APPLICATION

**This document, along with all the necessary signatures, must accompany two (2) sets of plans along with Plot Plan in order to receive a Building Permit.**

Name, Address and Phone # of Applicant:

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Location of Property:

Map #

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Name of Subdivision (if applicable):

Lot #

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<i>Official, Board or Dept. Contacted</i>	<i>Date</i>	<i>Signature</i>	<i>Comments</i>
Conservation Comm.			
Board of Health			
Tax Collector			
Highway Dept.			
Fire Dept.			
Water & Sewer			
Building Inspector			



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
**Office of Investigations**  
 600 Washington Street  
 Boston, Mass. 02111

**Workers' Compensation Insurance Affidavit: Building/Plumbing/Electrical Contractors /Gas**

**Applicant Information:**

Please PRINT legibly

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_ phone #: \_\_\_\_\_

work site location (full address): \_\_\_\_\_

I am a homeowner performing all work myself. Project Type:  New Construction  Remodel

I am a sole proprietor and have no one working in any capacity.  Building Addition

I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_  Building Department

check if immediate response is required

- Licensing Board
- Selectmen's Office
- Health Department
- Other \_\_\_\_\_

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

(revised Sept. 2003)

## Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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 in the workers' compensation affidavit completely, by checking the box that applies to your situation. Please supply company name, address and phone numbers along with a certificate of insurance as all affidavits 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.

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### City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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  
fax #: (617) 727-7749  
phone #: (617) 727-4900 ext. 406