



TOWN OF SHERBORN

Building Department
19 Washington Street
Sherborn, MA 01770
774-270-5643 phone

Chris Canney
Building Commissioner
Zoning Code Enforcement
inspector@sherbornma.org

BUILDING PERMIT APPLICATION FOR A WOOD STOVE

SECTION 1: SITE INFORMATION

Applicable to all permit applications:

PROPERTY ADDRESS: _____

Applicable to new construction and additions:

ZONING DISTRICT: _____ **PROPOSED USE:** _____

LOT AREA (square feet): _____ **FRONTAGE (feet):** _____

BUILDING SETBACKS (feet): Front yard: _____ Side yards: _____ Rear yard: _____

Applicable to new construction only:

ASSESSORS MAP AND PARCEL NUMBERS: Map: _____ Parcel: _____

WATER SUPPLY (check one): Public Private **FLOOD ZONE:** Zone: _____ If outside, check here

SECTION 2: PROPERTY OWNERSHIP

OWNER NAME (PRINT): _____

OWNER ADDRESS: _____
No. and Street City, State, ZIP

OWNER CONTACT: _____
Telephone number Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Building <input type="checkbox"/>	Number of Units: _____	Other <input type="checkbox"/> Specify: _____		

DESCRIPTION OF PROPOSED WORK: _____

¹ All sections must be completed for all permit applications, with the exception of those listed in Section 1.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	OFFICIAL USE ONLY
1. Building	\$	Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee/Minimum Fee (see fee sched.) <input type="checkbox"/> Total Project Cost (Item 6) x multiplier _____ x \$0.010 Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ <i>All payments to be submitted through the <u>Town of Sherborn's</u> Collector's office. Please attach a receipt with the application package</i>
2. Electrical	\$	
3. Plumbing	\$	
4. Mechanical (HVAC)	\$	
5. Mechanical (Fire Suppression)	\$	
6. TOTAL PROJECT COST	\$	

SECTION 5: CONSTRUCTION SERVICES

Construction Supervisor License (CSL) Information	
Name of CSL Holder	License Number _____ Expiration Date _____
No. and Street Name	CSL Designation (check all that apply): <input type="checkbox"/> CS (unrestricted) <input type="checkbox"/> CSFA (one- and two-family) <input type="checkbox"/> 1A (masonry) <input type="checkbox"/> RF (roofing) <input type="checkbox"/> SF (solid fuel) <input type="checkbox"/> WS (windows, siding, doors) <input type="checkbox"/> demolition <input type="checkbox"/> IS (insulation)
City / Town, State, ZIP	
Telephone Number _____ Email Address _____	<i>Please attach a photocopy of a current, valid, Construction Supervisor's License to this application</i>

Home Improvement Contractor (HIC) Information (if applicable)	
HIC Company Name or HIC Registrant Name	HIC Registration Number _____ Expiration Date _____
No. and Street Name	City / Town, State, ZIP
Telephone Number _____ Email Address _____	<i>Please attach a photocopy of a current, valid HIC registration certificate to this application</i>

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

A Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of a building permit for the project described in Section 3 of this application.

SECTION 7: OWNER AUTHORIZATIONS AND PERMISSIONS

I, as Owner of the subject property, hereby authorize _____ to act on my behalf in all matters relative to work authorized by this building permit application.

Printed Owner's Name _____ Owner's Signature _____ Date _____

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.

Printed Owner's Name _____ Owner's Signature _____ Date _____

This Section is for official use only



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: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____

Phone #: _____

Are you an employer? Check the appropriate box: 1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).* 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		4. <input type="checkbox"/> 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. ‡ 5. <input type="checkbox"/> 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): 6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> 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 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. Electrical Inspector 5. Plumbing Inspector 6. Other _____	
Contact Person: _____	Phone #: _____

**TOWN OF SHERBORN
BUILDING DEPARTMENT**

PERMIT NUMBER _____

**Office of Consumer Affairs and Business Regulations
AFFIDAVIT
Home Improvement Contractor Registration Law**

M.G.L., CHAPTER 142A SECTION 2 REQUIRES the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition or construction of an addition to any pre-existing owner occupied building of one and two family dwelling units, or to structures which are adjacent to such residences or building be done by home improvement registered contractors with certain exceptions, along with other requirements.

Type of work: _____

Address of work: _____

Total Cost of Contract: _____

Owners Name: _____

Contractor: (Print) _____

I hereby certify that registration is not required for the following reason;

- Work excluded by law Work under \$1,000. Building not owner occupied
 Owner pulling own permit. Other _____

SIGNED UNDER PENALTIES OF PERJURY:

I hereby apply for a permit as the agent of the owner. I have provided the home owner with all the Home Improvement Contractor Registration information and the Required Contract Terms per M.G.L. Chapter 142A.

Contractor _____ Date _____ Reg. No. _____

Notice is hereby given that: if the homeowner obtains their own permit they will be excluded from the Guaranty Fund.

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

Homeowner _____ Date _____

**AFFIDAVIT OF INSTALLATION
GAS OR SOLID FUEL BURNING APPLIANCE
(To be completed by installer)**

Address of installation _____

Company Name _____

Address _____

Phone Number _____ Date _____

Type of appliance installed _____

Name of Installer (print) _____

Permit Number _____ Date issued _____

I certify that inspection was made of the fireplace, chimney, and flues and that all was in good condition and capable of acceptance and proper operation for the appliance installed.

I certify that the following repairs or alterations were necessary and made to the (circle appropriate) fireplace, chimney, flue.

Brief description of repairs necessary _____

Signature _____ Date _____

NO INSTALLATION IS TO BE MADE WITHOUT COMPLETION OF THIS FORM
(Form will be picked up by the Building Inspector upon inspection of work)

The Official Website of the Executive Office of Public Safety and Security (EOPSS)

Public Safety

Mass.Gov Home

EOPSS Home Mass.Gov Home State Agencies State Online Services

Home > Public Safety Agencies > Massachusetts Department of Public Safety >

Use of Wood-Burning Stoves and Other Solid Fuel-Burning Heating Appliances

Once again, given the expected demands on fossil fuels (oil and gas) for the 2007 – 2008 winter heating season, it is anticipated that many Massachusetts homeowners may again seek to supplement the heating of their homes by using wood or other solid fuels this winter. Remember, you are bringing FIRE into your home by installing a solid fuel-burning appliance.

It is strongly recommended that smoke detectors and carbon monoxide (CO) alarms be installed prior to use - note that the State Building Code (780 CMR) and the State Fire Code (527 CMR) have requirements for when and where smoke alarms and CO alarms are required and State law and the Fire Code have required CO detectors retro-fit installed by March 31, 2006 in most residential occupancies.

The information that follows is intended for those who are considering using solid fuel-burning equipment and fireplaces to heat/supplement heat their homes. While specific sections of the Massachusetts State Building Code (780 CMR) are identified for informational use only, this Fact Sheet should not be used as a substitute for all applicable requirements of the Building Code, Boiler Regulations, or the Appliance Manufacturer's installation, operation and maintenance requirements.

General Requirements

Solid fuel-burning appliances include: factory-built fireplaces, coal-burning appliances, wood stoves, wood pellet stoves, corn and nut shell-burning pellet stoves, wood-fired boilers and any other solid fuel-burning appliance intended to provide heat to a building or space within a building, as well as certain ancillary components such as factory-built chimneys, vent piping and certain specialized installation components for some products.

Solid fuel-burning appliances utilized within the dwelling **must be**:

- I. Listed as tested in accordance with National Safety Standards and labeled for the intended use.
- II. Placed a safe and established distance from combustible materials such as wood, draperies, furniture, carpets, wood flooring, etc..
- III. Properly vented to the outside of the building.
- IV. Installed and operated in accordance with all applicable Building Code requirements and those of the appliance manufacturer.
- V. Inspected by building official to ensure compliance with the Building Code.
- VI. wood-fired boilers must be constructed in accordance with the Massachusetts State Boiler Regulations 522 CMR which adopts the A.S.M.E code and must have the applicable A.S.M.E. code symbol stamp (see figure 1).
- VI. Maintained in accordance with the appliance manufacturer's requirements.

CHECKLIST REQUIREMENTS FOR THE INSTALLATION AND USE OF WOOD BURNING AND

SEARCH

Public Safety

Search

NEWS & UP

Board of Build
and Standard

Challenge Co
Climbing Wal

Update on Re
Hoisting Equi
Regulations 5
et. seq.

New Amuser
Challenge Co
Wall Facilities

Recommend
Temporary Tr
Sleeping Qua

More...

ONLINE S

Watch DP

Apply for a

File a Com

DPS Licen:
Permits

Inspection

PUBLICATI

PowerPoint P

Elevators Inf

QUICK LIN

OTHER SOLID FUEL-BURNING HEATING APPLIANCES

1.	Solid Fuel Burning Appliance is Listed and Labeled, boilers are stamped with the A.S.M.E code symbol stamp (see figure 1).
2.	Installer holds a Construction Supervisor License (CSL) (unless the homeowner is going to install the appliance).
3.	If installation is an owner-occupied building of up to 4 units, the individual signing the contract with the homeowner holds a Home Improvement Contractor Registration.
4.	The Building Permit is obtained prior to installation.
5.	The location where the appliance is being installed has a satisfactory supply of fresh air.
6.	The location where the appliance is being installed is NOT near flammable vapors, gasoline, explosives or other combustible liquids, fibers or dust.
7.	The location where the appliance is being installed provides for the required clearances from combustible construction and other objects such as furniture, drapes, carpets, etc., etc.
8.	The location where the appliance is being installed has proper floor protection/hearth extension under or in front of the appliance.
9.	The appliance has proper venting to the outside of the building.
10.	If the appliance vents through a chimney, the connector pipe from the appliance to the chimney is the correct type and size and is installed with the required clearances to combustibles.
11.	If the appliance vents through combustible walls or roof or ceiling, the vent system uses listed thimbles or specialized piping or free clearances where the vent system passes through combustible construction.
12.	The appliance does not share a flue or vent with other appliances.
13.	The building inspector has inspected the appliance after installation but before use.

Executive Office
Safety
Commonwealth
Massachusetts
Criminal History
Board
Department of
Safety
Massachusetts
More...

*If you have any questions about properly installing a solid fuel-burning appliance, you should contact the Building Inspector

** It is strongly recommended that smoke detectors and carbon monoxide (CO) alarms be installed prior to use - note that the State Building Code (780 CMR) and the State Fire Code (527 CMR) have requirements for when and where smoke alarms and CO alarms are required and State law and the Fire Code have required CO detectors retro-fit installed by March 31, 2006 in most residential occupancies.

Figure 1
FORM OF STAMPING ON COMPLETED CAST IRON BOILERS
OR THEIR NAMEPLATES

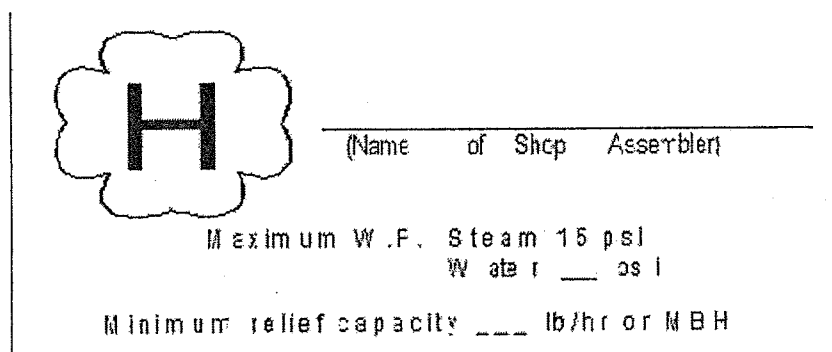
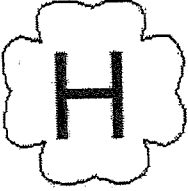


FIGURE 2

BOILERS SUITABLE FOR WATER ONLY

	_____
	(Name of Shop Assembler)
	Maximum W.P. Water ____ psi
	Minimum relief capacity ____ lb/hr or MBH

DETAILS

REQUIREMENTS FOR THE INSTALLATION AND USE OF WOOD-BURNING AND OTHER SOLID FUEL-BURNING HEATING APPLIANCES & THE USE OF FIREPLACES

Given the expected demands on fossil fuels (oil and gas) for the 2006 – 2007 winter heating season, it is anticipated that many Massachusetts homeowners may again seek to supplement the heating of their homes by using wood or other solid fuels this winter.

Remember, you are bringing FIRE into your home by installing a solid fuel-burning appliance. Safety is **imperative**.

The following information is intended to assist those considering using solid fuel-burning equipment and fireplaces to heat their homes. While specific sections of the Massachusetts State Building Code (780 CMR) are identified for informational use only, please note this Fact Sheet should not be used as a substitute for all applicable requirements of the Building Code, Massachusetts State Boiler Regulations, or the Appliance Manufacturer's installation, operation and maintenance requirements.

General Requirements