APPLICATION FOR A WOOD STOVE PERMIT

NO WOOD/PELLET STOVE SHALL BE INSTALLED UNTIL A PERMIT IS GRANTED

The undersigned hereby apply/applies for a wood/pellet stove permit in accordance with the provisions relating hereto.

Application Date: _______________________

Application Made By: ________________________________________________

Applicant’s Address: ________________________________________________

City, State, Zip: ____________________________________________________

Telephone Number: _________________________________________________

Property Owner’s Name: ______________________________________________

Property Owner’s Address: ____________________________________________

Location in house where stove is to be used: _____________________________

Type of Stove (Pellet/Wood/Insert): ____________________________________

Signature of property owner indicating consent: __________________________

Date: ______________________________
WOOD STOVE INSTALLATION CHECKLIST

PERMIT
A building permit is required for the installation of any solid fuel burning appliances. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

STOVE
A) Type/Radiant__________________________Circulating_____________________________
B) Manufacturer________________________Test Label_______________________________
C) D) Name/Model No._____________________Collar Size_____________________________
E) Dimensions/Height____________________Length________________Width____________

CLEARANCES (per manufacturers instructions)
A) Front______________________________Rear_______________________________
B) Side______________________________Floor______________________________

A) Estimated Cost (old) or Actual Cost (new)

_______________________________

CHIMNEY
A) New____________________________Existing_____________________________ 
B) Size(flue area)_______________________________
C) Other appliances attached to flue (number and flue size)________________________
D) Metal (Manufacturer-Name and Type)______________________________
E) Masonry/Lined________________________Unlined______________________________Flue Liner________________________Type & Manufacturer
F) Height (refer to diagrams)__________Cap______________________________

I hereby certify that the information, to the best of my knowledge, is correct and that all applicable provisions of 780 CMR will be complied with under the penalties of perjury.

Applicant’s Signature:_____________________________________________________
Date:________________________________________
PERMIT APPLICATION FOR SOLID FUEL BURNING APPLIANCE

SECTION 1: SITE INFORMATION

1.1 Property Address: ____________________________

1.1a Is this an accepted street? yes [ ] no [ ]

1.2 Assessors Map & Parcel Numbers

Map Number ____________________________
Parcel Number ____________________________

1.3 Zoning Information:

Zoning District ____________________________
Proposed Use ____________________________

1.4 Property Dimensions:

Lot Area (sq ft) ____________________________
Frontage (ft) ____________________________

1.5 Building Setbacks (ft)

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
</tbody>
</table>

1.6 Water Supply: (M.G.L c. 40, § 54)
Public [ ] Private [ ]

1.7 Flood Zone Information:

Zone: ____________________________
Outside Flood Zone? Check if yes [ ]

1.8 Sewage Disposal System:
Municipal [ ] On site disposal system [ ]

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner of Record:

Name (Print) ____________________________
Address for Service: ____________________________

Signature ____________________________
Telephone ____________________________

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

New Construction [ ] Existing Building [ ] Owner-Occupied [ ] Repairs(s) [ ] Alteration(s) [ ] Addition [ ]
Demolition [ ] Accessory Bldg. [ ] Number of Units ____ Other [ ] Specify: ____________________________

Brief Description of Proposed Work: ____________________________

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$____________________</td>
<td>1. Building Permit Fee: $_________ Indicate how fee is determined:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$____________________</td>
<td>□ Standard City/Town Application Fee</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$____________________</td>
<td>□ Total Project Cost$ (Item 6) x multiplier _________ x _________</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$____________________</td>
<td>2. Other Fees: $_________</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$____________________</td>
<td>List: ____________________________</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$____________________</td>
<td>Total All Fees: $_______</td>
</tr>
</tbody>
</table>

Check No. _______ Check Amount: _______ Cash Amount: _______ 
□ Paid in Full □ Outstanding Balance Due: _______
SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>List CSL Type (see below)</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Type</td>
<td></td>
</tr>
<tr>
<td>U</td>
<td>Unrestricted up to 35,000 Cu. Ft.</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1 &amp; 2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry Only</td>
</tr>
<tr>
<td>RC</td>
<td>Residential Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Residential Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Residential Solid Fuel Burning Appliance Installation</td>
</tr>
<tr>
<td>D</td>
<td>Residential Demolition</td>
</tr>
</tbody>
</table>

Name of CSL Holder

Address

Signature

Telephone

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Address

Registration Number

Expiration Date

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

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 the building permit.

Signed Affidavit Attached? Yes ☐ No ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

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.

Signature of Owner

Date

SECTION 7b: OWNER'S OR AUTHORIZED AGENT DECLARATION

I, __________________________, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Print Name

Signature of Owner or Authorized Agent

(Signed under the pains and penalties of perjury)

Date

NOTES:

1. An Owner who obtains a building permit to do his own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty (and under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R3, respectively.

2. When substantial work is planned, provide the information below:

   - Gross living area (Sq. Ft.)
   - Number of fireplaces
   - Number of bathrooms
   - Type of heating system
   - Type of cooling system
   - Number of bedrooms
   - Number of half baths
   - Number of decks/porches

3. "Total Project Square Footage" may be substituted for "Total Project Cost"
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

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, §14, and we have no employees. [No workers’ comp. insurance required.]

*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 attach 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):


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 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 Department’s address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSSAFE
Fax # 617-727-7749

www.mass.gov/dia

Revised 02-23-15
HOMEOWNER LICENSE EXEMPTION

Please Print:

DATE __________________________

JOB LOCATION

<table>
<thead>
<tr>
<th>Number</th>
<th>Street Address</th>
<th>Section of Town</th>
</tr>
</thead>
</table>

"HOMEOWNER"

<table>
<thead>
<tr>
<th>Name</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
</table>

PRESENT MAILING ADDRESS

<table>
<thead>
<tr>
<th>City/Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

The current exemption for "homeowners" was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire that does not possess a license, provided that the owner acts as supervisor. (State-Building code Section 108.3.5.1)

DEFINITION OF HOMEOWNER:
Person(s) who own a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one to six 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 homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit, (Section 108.3.5.1)

The undersigned "homeowner" assumes responsibility for compliance with the State Building code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the Town of Southampton Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER'S SIGNATURE ________________________________

APPROVAL OF BUILDING OFFICIAL __________________________

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building code Section 127.0, Construction Control.
### Stove Installation Clearances

<table>
<thead>
<tr>
<th>Stove Components</th>
<th>Combustible Material</th>
<th>1/2&quot; Cement Board Spaced on 1&quot;</th>
<th>Concrete/Masonry Foundation Wall</th>
<th>4&quot; Brick Veneer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiant Stove</td>
<td>36&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Circulating Stove</td>
<td>24&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Front</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Radiant Stove</td>
<td>36&quot;</td>
<td>18&quot;</td>
<td>6&quot;</td>
<td>18&quot;</td>
</tr>
<tr>
<td>Side/Back</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Circulating Stove</td>
<td>12&quot;</td>
<td>6&quot;</td>
<td>6&quot;</td>
<td>6&quot;</td>
</tr>
<tr>
<td>Side/Back</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Single Wall</td>
<td>18&quot;</td>
<td>12&quot;</td>
<td>6&quot;</td>
<td>8&quot;</td>
</tr>
<tr>
<td>Connector Pipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Double Wall or Insulated Connector Pipe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Chimney Height</td>
<td>Three (3) feet above adjacent roof and</td>
<td>Two (2) feet above any roof ridge within 10 feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Metal or Masonry)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Damper</td>
<td>If a damper is not included in the stove construction, it must be installed in the connector pipe, unless prohibited by manufacturer specifications.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Front: Peel or cut access side.
2. Chimney required for passage through combustible construction.
3. Non-combustible spacers required.
4. Clearances on each side of a radiant stove with a heat shield shall be measured as if a circulating type.

For other clearance reductions see BOCA Mechanical Chapter 11.
HEARTH

A) Materials
B) Sub-floor construction
C) Minimum dimensions (refer to diagram)

CLEARANCE AND WALL PROTECTION (see stove installation clearances chart)
A) Type of wall protection provided
B) Clearances (refer to diagrams)