

Wood Stove Application



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:		1.2 Assessors Map & Parcel Numbers	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
1.3 Zoning Information:		1.4 Property Dimensions:	
Zoning District _____	Proposed Use _____	Lot Area (sq ft) _____	Frontage (ft) _____
1.5 Building Setbacks (ft)			
Front Yard		Side Yards	
Required _____	Provided _____	Required _____	Provided _____
Rear Yard		Rear Yard	
Required _____	Provided _____	Required _____	Provided _____
1.6 Water Supply: (M.G.L. c. 40, §54)		1.7 Flood Zone Information:	
Public <input type="checkbox"/> Private <input type="checkbox"/>	Zone: _____ Outside Flood Zone? <input type="checkbox"/>	Check if yes <input type="checkbox"/>	
		1.8 Sewage Disposal System:	
		Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

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

Brief Description of Proposed Work²:

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined:
2. Electrical	\$ _____	<input checked="" type="checkbox"/> Standard City/Town Application Fee
3. Plumbing	\$ _____	<input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____
4. Mechanical (HVAC)	\$ _____	2. Other Fees: \$ _____
5. Mechanical (Fire Suppression)	\$ _____	List: _____
6. Total Project Cost	\$ _____	Total All Fees: \$ _____
		Check No. _____ Check Amount: _____ Cash Amount: _____
		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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.

Print Owner's Name (Electronic Signature) _____

Date _____

SECTION 7b: OWNER'S OR AUTHORIZED AGENT DECLARATION

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.

Print Owner's or Authorized Agent's Name (Electronic Signature) _____

Date _____

NOTES:

1. An Owner who obtains a building permit to do his/her 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 fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

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



BUILDING PERMIT AFFIDAVIT
Supplement to Permit Application

HOMEOWNERS LICENSING EXEMPTION

This form is to be completed by homeowner assuming responsibility for the proposed project located at _____, fill this section out only if there is not a contractor taking responsibility for this project!

DEFINITION OF HOMEOWNER: "Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two-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." (Section 108.3.5)

The **LICENSE EXEMPTION** for a **HOMEOWNER** applies only for permitted work on owner-occupied one- and two-family dwellings/accessory structures, and farm structures. The exemption allows such homeowner to obtain building permits, perform construction, and engage individuals for hire who may not be registered or possess a construction supervisor's license, **PROVIDED THAT THE OWNER ACTS AS SUPERVISOR**; the homeowner is then **FULLY RESPONSIBLE FOR THE PROJECT AND COMPLIANCE WITH STATE BLDG. CODE AND ALL APPLICABLE LAWS AND REGULATIONS**. Many homeowners who use the "Homeowner's Exemption" are unaware that they are assuming the responsibilities of a supervisor. This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons; in these cases, punitive action cannot be taken against the unlicensed person. The homeowner, acting as supervisor, is ultimately responsible for the project and compliance with the State Bldg. Code.

NOTICE TO HOMEOWNERS ENGAGING OTHERS FOR HIRE: MGL c.142A is a consumer protection law which requires Home Improvement Contractors to be registered with the State. A "Guaranty Fund" has been set up with funds collected from the registered H.I. Contractors which will be available to consumers who are aggrieved with a contract entered into with **REGISTERED H.I. CONTRACTORES**. This law requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition, to any owner-occupied building (containing up to four dwelling units), and to any related accessory structures, be done by registered Home Improvement Contractors, with certain exceptions.

NOTICE IS HERBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR, OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK, DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM GUARANTY FUND UNDER MGL C.142A.

Notwithstanding the above notice, I hereby apply for a permit as the **HOMEOWNER** of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.

TYPE OF WORK _____ Est. Cost _____

ADDRESS OF WORK _____

OWNER NAME: _____ ADDRESS _____

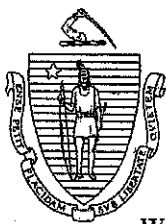
Registration is not required for the following reasons(s):

☐ Work excluded by law ☐ Job under \$1,000.00 ☐ Owner pulling own permit

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

OWNER (S) / AUTHORIZED AGENT SIGNATURE

DATE



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 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 #: _____

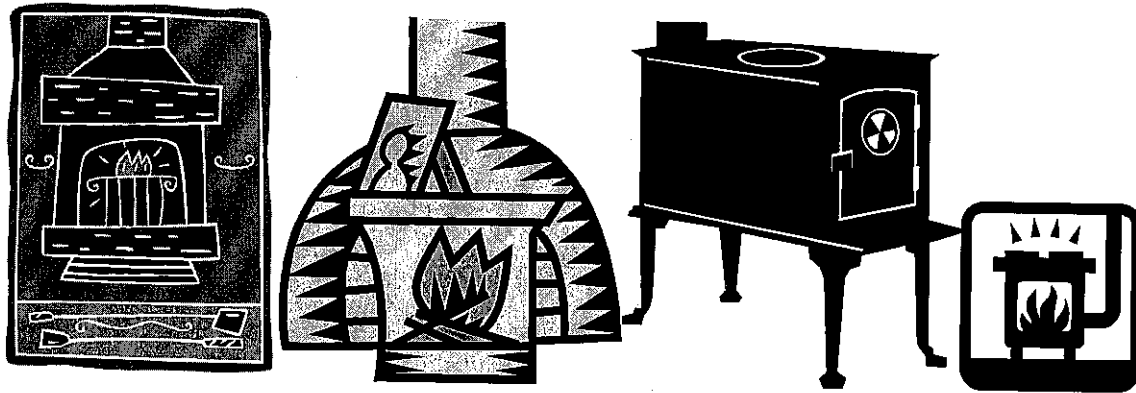
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #: _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



WOOD-BURNING STOVES AND OTHER SOLID FUEL-BURNING HEATING APPLIANCES

Once again, given the expected demands on fossil fuels (oil and gas) for the 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 smoke 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:

1. Listed as tested in accordance with National Safety Standards and labeled for the intended use.
2. Placed a safe and established distance from combustible materials such as wood, draperies, furniture, carpets, wood flooring, etc.
3. Properly vented to the outside of the building.

4. Installed and operated in accordance with all applicable Building Code requirements and those of the appliance manufacturer.
5. Inspected by building official to ensure compliance with the Building Code.
6. 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).
7. Maintained in accordance with the appliance manufacturer's requirements.

**CHECKLIST REQUIREMENTS FOR THE INSTALLATION AND USE OF WOOD BURNING
AND 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 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 combustion 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.

***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 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

+ **H**

(Name of Shop Assembler)

Maximum W.F. Steam 15 psi
Water ____ psi

Minimum relief capacity ____ lb/hr or MBH

Figure 2
BOILERS SUITABLE FOR WATER ONLY

+ **H**

(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 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.

**[Information provided by Massachusetts Dept. of Public Safety – downloaded from their website
10/11/07]**