APPLICATION FOR DEMOLITION PERMIT

Attached are the forms required for a Demolition Permit. Please fill out the attached forms and submit them to the Building Department with the appropriate fee in the form of a check or money order made payable to the City of Westfield.

Please be advised that disconnect signatures from the following departments must be submitted along with the application:

1. Westfield Gas
2. Westfield Electric
3. Westfield Water Department
4. Westfield Department of Public Works
5. Health Department*

*Proof of extermination is required to be submitted to the Health Department for all commercial demolitions and all abandoned residential property. Extermination may be required at the Health Inspector’s discretion if evidence of rodents exist).

The following documents are also required:

- Copy of Massachusetts Construction Supervisor’s License
- Copy of liability insurance
- Signed workman’s comp affidavit
- Full asbestos abatement (for all non-accessory structures. Full abatement may be required at the discretion of the building inspector if evidence of contaminated material exists)

Demolition will not be allowed to start until all required documents and signatures are submitted to the building department.

For any other questions, please feel free to contact this department at (413) 572-6251.
BUILDING DEPARTMENT
DEMOLITION PERMIT SIGN-OFF SHEET

Date: ____________________________

Address: ____________________________ Use: ____________________________

Owner: ______________________________ Phone: ____________________________

Owner’s Address: __________________________________________________________

UTILITY CUT OFF
(Signature of Authorized representative of Utility/Department required)

As required by the Massachusetts State Building Code, a permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment have been removed or sealed and plugged in a safe manner.

Westfield Gas Co. ________________________ Title ________________________

Signature

Westfield Electric ________________________ Title ________________________

Signature

Water Department ________________________ Title ________________________

Signature

Public Works Dept. ______________________ Title ________________________

Signature

Health Department ______________________ Title ________________________

Signature

(Proof of extermination is required to be submitted to the Health Department for all commercial demolitions and all abandoned residential property. Extermination may be required at the Health Inspector’s discretion if evidence of rodents exist)

Last Updated 05/12/2017
ASBESTOS REMOVAL

All residential, commercial and institutional buildings are subject to Massachusetts Department of Environmental Protection (MassDEP) asbestos regulations at 310 CMR 7.15. Therefore, owners and/or operators (e.g. building owners, renovation and demolition contractors, plumbing and heating contractors, flooring contractors, etc.) need to determine all asbestos containing materials (both non-friable and friable) that are present at the site and whether or not those materials will be impacted by the proposed work prior to conducting any renovation or demolition activity.

Examples of commonly found asbestos containing materials include, but are not limited to, heating system insulation, floor tiles and vinyl sheet flooring, mastics, wallboard, joint compound, decorative plasters, window glazing, asbestos containing siding and roofing products and fireproofing.

Failure to identify and remove all asbestos containing material prior to its being impacted by renovation or demolition activities can result in significant penalty exposure, and higher clean-up, decontamination, disposal and monitoring cost.

A DOS certified asbestos consultant must be hired to determine if asbestos is present and whether removal/repair is necessary. If the building is a state-owned facility, contact DCAM and DOS. DOS provides a list of licensed asbestos abatement contractors and consultants. You may wish to ask about a contractor's history of violations. Only DOS licensed and DOS certified asbestos abatement contractors and consultants may be hired to perform asbestos-related work in Massachusetts.

Received By: ____________________________
Print Name

Title

Signature ____________________________

Date ____________________________

Last Updated 05/12/2017
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, §(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 who 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):
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 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
LOCATION OF DEMOLITION DEBRIS

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number   is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

_________________________________________
(Location of Facility)

_________________________________________
Signature of Permit Applicant

_________________________________________
Date
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  

This Section For Official Use Only

<table>
<thead>
<tr>
<th>Building Permit Number:</th>
<th>Date Applied:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Building Official (Print Name)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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)  
Front Yard Required Provided Side Yards Required Provided Rear Yard Required Provided  
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)  
City, State, ZIP  
No. and Street  
Telephone  
Email Address

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

New Construction □ Existing Building □ Owner-Ocupied □ 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>
</table>
| 1. Building | $ | 1. Building Permit Fee: $ Indicate how fee is determined:  
□ Standard City/Town Application Fee  
□ Total Project Cost $ (item 6) x multiplier ______ x ______  
2. Other Fees: $ |
| 2. Electrical | $ |  
| 3. Plumbing | $ |  
| 4. Mechanical (HVAC) | $ | List:  
| 5. Mechanical (Fire Suppression) | $ |  
| 6. Total Project Cost: | $ | Total All Fees: $  
Check No. __________ Check Amount: __________ Cash Amount: __________  
□ Paid in Full □ Outstanding Balance Due: |
## SECTION 5: CONSTRUCTION SERVICES

### 5.1 Construction Supervisor License (CSL)

<table>
<thead>
<tr>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>List CSL Type (sec below)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings 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</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone  Email address

### 5.2 Registered Home Improvement Contractor (HIC)

<table>
<thead>
<tr>
<th>HIC Registration Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP  Telephone

## 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: OWNER¹ 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/oag Information on the Construction Supervisor License can be found at www.mass.gov/dps

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

<table>
<thead>
<tr>
<th>Total floor area (sq. ft.)</th>
<th>(including garage, finished basement/attics, decks or porch)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross living area (sq. ft.)</td>
<td>Habitable room count</td>
</tr>
<tr>
<td>Number of fireplaces</td>
<td>Number of bedrooms</td>
</tr>
<tr>
<td>Number of bathrooms</td>
<td>Number of half/baths</td>
</tr>
<tr>
<td>Type of heating system</td>
<td>Number of decks/porches</td>
</tr>
<tr>
<td>Type of cooling system</td>
<td>Enclosed</td>
</tr>
</tbody>
</table>

3. “Total Project Square Footage” may be substituted for “Total Project Cost”