

**TOWN OF WALES**  
**BUILDING DEPARTMENT**  
**3 HOLLOW RD**  
**P.O.BOX 834**  
**WALES, MA 01081**

**SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION\***

(EXTERIOR WOOD FURNACE/BOILERS ARE PERMITTED THROUGH THE HEALTH DEPARTMENT)

**PROPERTY LOCATION:**

**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**USE GROUP:** \_\_\_\_\_ **PRINCIPAL USE OF BUILDING:** \_\_\_\_\_

**OWNERS NAME:** \_\_\_\_\_ **PHONE#**    -    -

**OWNERS ADDRESS (IF DIFFERENT THAN ABOVE)** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**INSTALLER:**

**CSL NAME:** \_\_\_\_\_ **PHONE#**    -    -

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**LICENSE #**                      **EXP DATE**    -    -                      **TYPE:**    U/R/M/RC/WS/SF/I/D

**HIC NAME:** \_\_\_\_\_ **PHONE#**    -    -

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ST:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**LICENSE#**                      **EXP DATE**    -    -

**APPLIANCE:**                      **NEW**                      **USED**

**STOVE NAME:** \_\_\_\_\_ **MANUFACTURER:** \_\_\_\_\_

**MODEL NAME:** \_\_\_\_\_ **SERIAL #** \_\_\_\_\_

**UL LISTING #** \_\_\_\_\_ **TESTING LAB#** \_\_\_\_\_ **TEST DATE:** \_\_\_\_\_

**TYPE:**    **WOOD**        **COAL**        **PELLET**                      **OTHER** \_\_\_\_\_

**RADIANT**                      **CIRCULATING\*** \_\_\_\_\_

\*(ELECTRICAL PERMIT MAY BE REQUIRED, EXTENSION CORDS ARE NOT ALLOWED TO POWER APPLIANCES)

**CHIMNEY TYPE & FLUE:** (Circle those that apply)

**MASONRY\***    /    **LINED**    /    **UNLINED**    /    **METAL\*\***    /    **INSULATED\*\***

**SIZE: WIDTH** \_\_\_\_\_ **HEIGHT** \_\_\_\_\_

**\*CHIMNEY CLEANOUT SIZE** \_\_\_\_\_

**\*\*MANUFACTURER:** \_\_\_\_\_

**ROOM INSTALLED IN:** \_\_\_\_\_

**SMOKE & CARBON MONOXIDE DETECTOR AGE:** \_\_\_\_\_

**LOCATION :** \_\_\_\_\_

**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OWNERS SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE NOTE, ALL PERMIT APPLICATIONS REQUIRE:**

1. Workers Compensation Affidavit.
2. Debris Disposal Affidavit.
3. If the Homeowner, as defined in 780 CMR 9<sup>th</sup> Edition, is the Applicant, a Homeowners Warning Affidavit.
4. Manufacturer install instructions (2 OR 3 PAGES ONLY) are required with application plus made available at inspection.
5. Masonry chimneys are required to be inspected by a Chimney Cleaning Company to obtain a Certificate of Inspection.
6. Please provide a self-addressed stamped envelope for documentation return.
7. Permit fee check made payable to TOWN OF WALES.

**PERMITS NOT ACTED ON WITHIN 180 DAYS OF ISSUANCE ARE VOID.**

**\*This is an APPLICATION ONLY! Your appliance is NOT approved and CANNOT be used until the Permit is approved, final inspection performed AND approved.**

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**Approval Date:** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

**Building Official Signature:** \_\_\_\_\_

**Fee Amount: \$ 50.00**                      **Check #** \_\_\_\_\_

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**OFFICIAL USE:**

**INSPECTION DATE:** \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

**SMOKE AND CARBON DETECTORS LOCATION/INSPECTION:** \_\_\_\_\_

**INSPECTION SIGNATURE;** \_\_\_\_\_



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 #: \_\_\_\_\_



**COMMONWEALTH OF MASSACHUSETTS  
DEBRIS DISPOSAL AFFIDAVIT**

**Town of \_\_\_\_\_, Massachusetts**

IN ACCORDANCE WITH THE PROVISIONS OF MGL Chapter 40, Section 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 Chapter 111, Section 150A.

\_\_\_\_\_  
**DISPOSAL/DUMPSTER FIRM**

\_\_\_\_\_  
**CONSTRUCTION SITE ADDRESS**

\_\_\_\_\_  
**SIGNATURE OF PERMIT APPLICANT**

\_\_\_\_\_  
**DATE**

## TOWN OF WALES, MA.

### HOMEOWNER WARNING NOTICE IF YOU ARE APPLYING FOR A BUILDING PERMIT AS A HOMEOWNER

A homeowner is defined as a person who owns a parcel of land on which they reside, or is intending to reside, in a one or two family dwelling, with attached or detached structures accessory to such use and /or farm structures. If you do not meet this definition, a building permit cannot be issued to you as a homeowner.

1. You will be personally responsible for all work on this project.
2. You are responsible to see that all work meets the Massachusetts State Building Code and the Town Zoning By-Laws.
3. You must supervise all work.
4. You must contact the Bldg. Dept. to schedule all required inspections.
5. You must be present for all inspections.
6. You have waived all rights to the Massachusetts Guaranty Fund.
7. You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you should have the need to sue another party.
8. Your subcontractors may lien your property.
9. Any worker injured on your property may sue you, if you, or the company they work for, does not carry Workman's Compensation Insurance.
10. Failure to carry Workman's Comp. Ins. may result in criminal penalties, i.e. fines and /or imprisonment (Reference MGL c. 152 Sec. 25).
11. It is not the responsibility of the Building Department to quote, give explanations or advice on, or about, Massachusetts Building Code. It is your responsibility to understand and follow all codes.

This warning has been assembled due to a majority of those citizens that sign a Homeowner's Exemption Form are not aware of ALL the responsibilities, when assuming the General Contractor Responsibilities.

Your signature below verifies you have read this warning and fully understand its meanings and the ramifications of being General Contractor.

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

Property \_\_\_\_\_ Permit # \_\_\_\_\_