

# Town of Merrimac

## Office of Inspectional Services

4 School Street, Merrimac, MA 01860  
 Phone 978-345-0525 Fax 978-346-0522  
 e-mail: commissioner@townofmerrimac.com

### SOLID FUEL STOVE APPLICATION

#### SECTION 1.0 – OWNER INFORMATION

<b>Owner of Record:</b>			
Owner – Name (Print)	Address	Map	Lot
Signature of Owner	Telephone		

#### SECTION 2.0 – CONTRACTOR INFORMATION

<b>Contractor:</b>	
Name/Company (Print)	Address
Signature	Telephone

#### SECTION 3.0-DESCRIPTION OF WORK TO BE DONE

<b>To be installed in:</b> Home: <input type="checkbox"/>	Garage: <input type="checkbox"/>	Other: <input type="checkbox"/>
<b>Location of Stove:</b>		<b>Cost:</b>
<b>Stove Type:</b> Wood <input type="checkbox"/>	Pellet <input type="checkbox"/>	Gas <input type="checkbox"/> Kerosene <input type="checkbox"/>
<b>Manufacturer:</b>		
<b>Model Name &amp; No.:</b>		<b>Test Label:</b>
<b>Dimensions- Height:</b>	<b>Length:</b>	<b>Width:</b>
<b>Chimney:</b> New: <input type="checkbox"/>	Existing: <input type="checkbox"/>	
<b>Size/Flue area:</b>	<b>Other Appliances attached:</b>	
<b>Metal (Manufacturer-Name &amp; Type)</b>		
<b>Flue Liner:</b>	<b>Height:</b>	<b>Cap:</b>
<b>Masonry:</b> Lined: <input type="checkbox"/>	Unlined: <input type="checkbox"/>	
<b>Hearth-Material:</b>	<b>Sub-floor Construction:</b>	
<b>Wall Protection-Type:</b>		
<b>Clearances:</b>		
<b>Hookup through Wall (Description)</b>		

#### SECTION 4.0 – APPLICANTS INFORMATION

<input type="checkbox"/> - <b>Homeowner</b> - I am applying for this permit as the HOMEOWNER-see attached form.
<input type="checkbox"/> - <b>Contractor</b> – I am applying for this permit as the CONTRACTOR & Owners’ representative.
Company Name- (contractor): _____
Contact Person or Name of Applicant: _____
Address: _____ City: _____
Zip: _____ Phone: _____ Cell: _____
Signature: _____

**Signed under the pains and penalties of perjury.**

**TOWN OF MERRIMAC INSPECTIONAL SERVICES**  
**HOMEOWNER LICENSE EXEMPTION FORM**

*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 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.

**NOTE:**

**Homeowners should also be aware that under the Home Improvement Contractor Law of 1992 (MGL ch. 142A) that if the homeowner applies for the building permit, he or she may NOT be eligible for compensation from the Guaranty Fund should a disagreement develop between the homeowner and the contractor.**

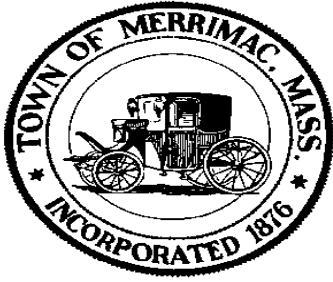
Homeowner (Please print)	Project Address
Mailing Address (If different from above)	City/Town
Home Phone Number	Alternate Phone Number

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 Merrimac Building Department minimum inspection procedures & requirements and that he/she will comply with said procedures and requirements.

The undersigned, “homeowner”, agrees and understands that **ANY** work requiring a Building Permit that is done on a structure 35,000 cubic feet or larger, will be required to comply with the Massachusetts State Building Code Section 116 - Construction Control. The degree and nature of the Architectural Control required for state compliance will be determined by the Building Commissioner and based on the work to be done.

Homeowner’s Signature:	Date:
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Merrimac, Massachusetts 01860  
978-356-0525  
FAX 978-346-0522  
*www.merrimac01860.info*

THIS FORM MUST BE BROUGHT FOR SIGN-OFFS TO: TREASURER/

TAX COLLECTIONS OFFICE, 4 SCHOOL STREET

MERRIMAC ELECTRIC LIGHT, 10 WEST MAIN STREET

DATE: \_\_\_\_\_  
TO: Inspectional Services  
FROM: Town Treasurer, M.L.D.  
RE: Confirmation that all taxes and electric utilities are current

As requested, please be advised of the tax status of the property listed below:

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

### OFFICE USE ONLY

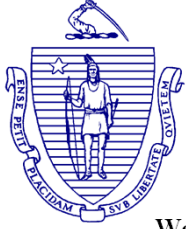
\_\_\_\_\_ Taxes are current on the property.

\_\_\_\_\_ Excise Tax on this customer is current.

\_\_\_\_\_ Electric is current on this property.

Other:

\_\_\_\_\_



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