



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

Town of Hanover
Inspection Department
Town Hall, 550 Hanover St.Ste.8
Hanover, MA. 02339
781-826-6400

APPLICATION TO INSTALL ROOFING AND/OR SIDING ONLY
Please fill out completely all applicable areas, both sides – Please use ink
ELECTRICAL PERMIT ALSO REQUIRED FOR SIDING JOBS

THIS SECTION FOR OFFICIAL USE ONLY

BUILDING PERMIT NUMBER: _____ **DATE ISSUED:** _____

SIGNATURE: _____ **PERMIT FEE:** _____

BUILDING OFFICIAL

PROPERTY ADDRESS: _____ **MAP** _____ **LOT** _____

OWNER'S NAME: _____ **SIGNATURE** _____

OWNER'S ADDRESS: _____ **PHONE:** _____

ESTIMATED COST: _____ **HISTORIC DISTRICT:** YES _____ NO _____

ZONING DISTRICT: _____

ROOFS

TYPES OF MATERIAL TO BE USED: ASPHALT _____ CEDAR _____ OTHER: _____

NUMBER OF SQUARES _____ **WILL NEW ROOF HAVE 1 LAYER?** _____ **OR 2?** _____

SIDEWALL

TYPE OF MATERIAL TO BE USED:SHINGLES: _____ **CLAPBOARD** _____ **OTHER** _____

NUMBER OF SQUARES: _____ **ELECTRICAL PERMIT NUMBER** _____

CONTRACTOR INFORMATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

CONSTRUCTION SUPERVISOR LICENSE # _____ **EXP. DATE:** _____

HOME IMPROVEMENT CONTRACTOR # _____ **EXP. DATE:** _____

Please see other side 

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

Type of project (required):

- | | | |
|--|---|--|
| 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part time)* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have workers' comp. Insurance.++ | 6. <input type="checkbox"/> New Construction |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. (No workers comp. Insurance required.) | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c.152.S1(4), and we have no employees. {No workers' comp. Insurance required. } | 7. <input type="checkbox"/> Remodeling |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. {No workers' comp. insurance required. }+ | | 8. <input type="checkbox"/> Demolition |
| | | 9. <input type="checkbox"/> Building addition |
| | | 10. <input type="checkbox"/> Electrical repairs or additions |
| | | 11. <input type="checkbox"/> Plumbing repairs or additions |
| | | 12. <input type="checkbox"/> Roof repairs |
| | | 13. <input type="checkbox"/> 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 Section 25A of MGL.c. 152 can lead to the imposition of criminal penalties of 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. Be advised that 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: _____

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.S25C(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 152S25C(7) states. “Neither the Commonwealth nor any of its political subdivision 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 his 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 requested 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 homeowner 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department address, telephone and fax number are as follows:

Commonwealth of Massachusetts
Department of Industrial Accidents

Office of Investigations

600 Washington Street

Boston, MA 02111

Tel. #617-727-4900 ext. 406 or 1-877-MASSAFE

FAX: #617-727-7749

www.mass.gov/dia

Revised 11-22-06