



TOWN OF SOUTHAMPTON

DEPARTMENT OF INSPECTION SERVICES

Southampton, Massachusetts 01073

413-529-1007

APPLICATION FOR A WOOD STOVE PERMIT

NO WOOD/PELLET STOVE SHALL BE INSTALLED UNTIL A PERMIT IS GRANTED

The undersigned hereby apply/applies for a wood/pellet stove permit in accordance with the provisions relating hereto.

Application Date: _____

Application Made By: _____

Applicant's Address: _____

City, State, Zip: _____

Telephone Number: _____

Property Owner's Name: _____

Property Owner's Address: _____

Location in house where stove is to be used: _____

Type of Stove (Pellet/Wood/Insert): _____

Signature of property owner indicating consent: _____

Date: _____



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR, 7th edition

FOR
MUNICIPALITY
USE
Revised January
1, 2008

PERMIT APPLICATION FOR SOLID FUEL BURNING APPLIANCE

Signature: _____ Date _____
Building Commissioner/ Inspector of Buildings

SECTION 1: SITE INFORMATION

1.1 Property Address: _____		1.2 Assessors Map & Parcel Numbers Map Number _____ Parcel Number _____	
1.1a Is this an accepted street? yes _____ no _____			
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		Side Yards	
Required	Provided	Required	Provided
1.6 Water Supply: (M.G.L.c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? 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) _____ Address for Service: _____
Signature _____ Telephone _____

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

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
Demolition Accessory Bldg. Number of Units _____ Other 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: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Licensed Construction Supervisor (CSL)

Name of CSL- Holder

Address

Signature

Telephone

License Number _____ Expiration Date _____

List CSL Type (see below) _____

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

Address

Signature

Telephone

Registration Number

Expiration Date

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.

Signature of Owner

Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name

Signature of Owner or Authorized Agent
(Signed under the pains and penalties of perjury)

Date

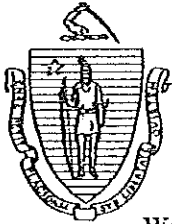
NOTES:

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

Total floors 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"



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> 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.</p> <p>5. <input type="checkbox"/> 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. ‡</p> <p>6. <input type="checkbox"/> 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.]</p>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
--	---

*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 #: _____

<p>Official use only. Do not write in this area, to be completed by city or town official.</p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector</p> <p>6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>



TOWN OF SOUTHAMPTON
DEPARTMENT OF INSPECTION SERVICES

Southampton, Massachusetts 01073

413-529-1007

HOMEOWNER LICENSE EXEMPTION

Please Print:

DATE _____

JOB LOCATION _____
Number Street Address Section of Town

“HOMEOWNER” _____
Name Home Phone Work Phone

PRESENT MAILING ADDRESS _____

City/Town State Zip Code

The current exemption for “homeowners” was extended to include owner-occupied dwellings of six units or less and to allow such homeowners to engage an individual for hire that does not possess a license, provided that the owner acts as supervisor. (State-Building code Section 108.3.5.1)

DEFINITION OF HOME OWNER:

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, (Section 108.3.5.1)

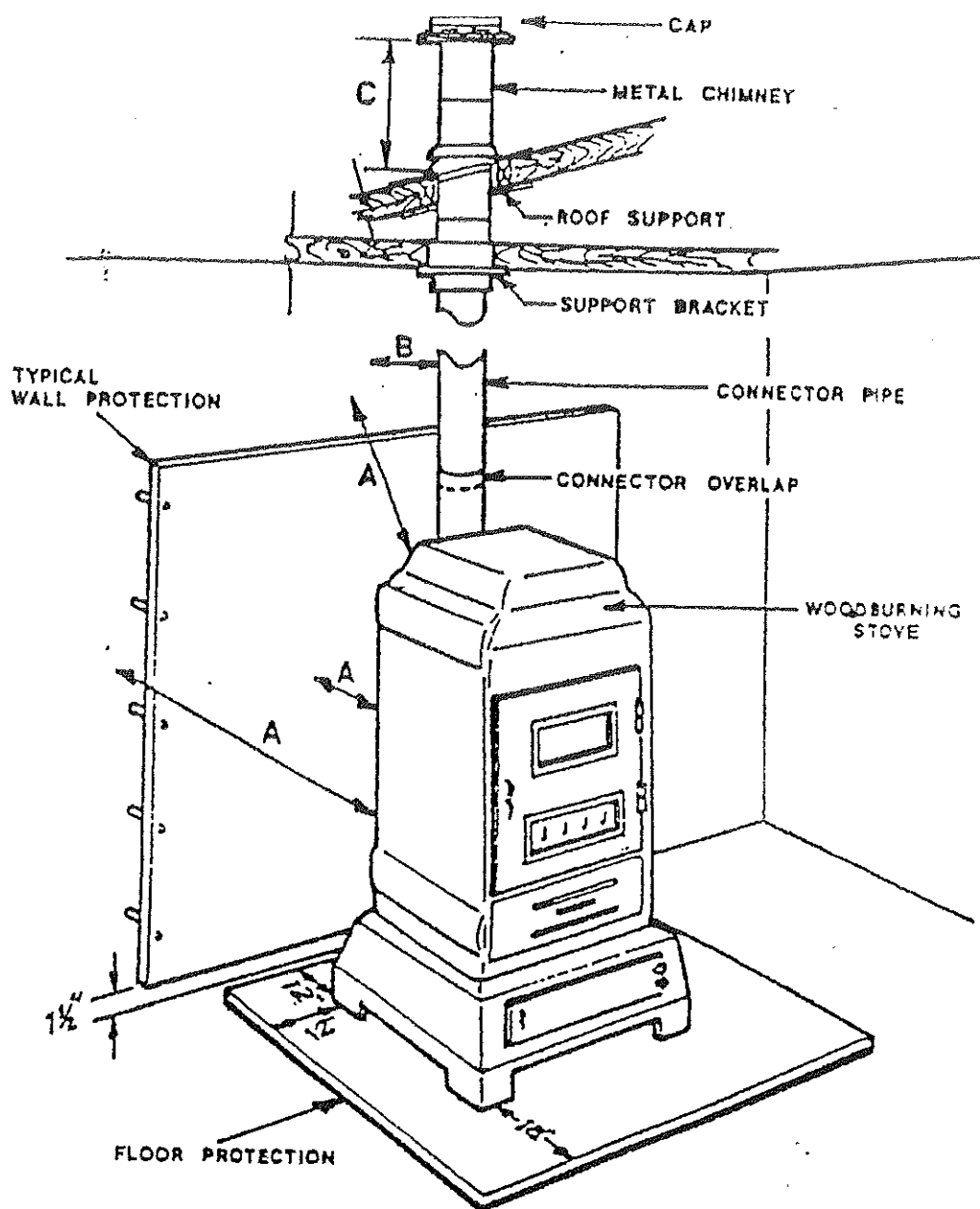
The undersigned “homeowner” assumes responsibility for compliance with the State Building code and other applicable codes, by-laws, rules and regulations.

The undersigned “homeowner” certifies that he/she understands the Town of Southampton Building Department minimum inspection procedures and requirements and that he/she will comply with said procedures and requirements.

HOMEOWNER’S SIGNATURE _____

APPROVAL OF BUILDING OFFICIAL _____

NOTE: Three family dwellings 35,000 cubic feet, or larger, will be required to comply with State Building code Section 127.0, Construction Control.

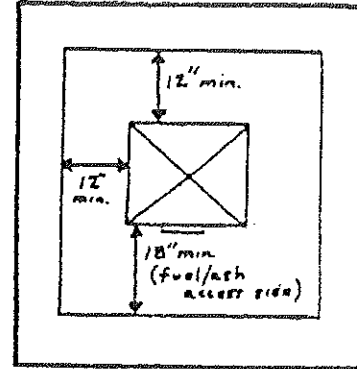
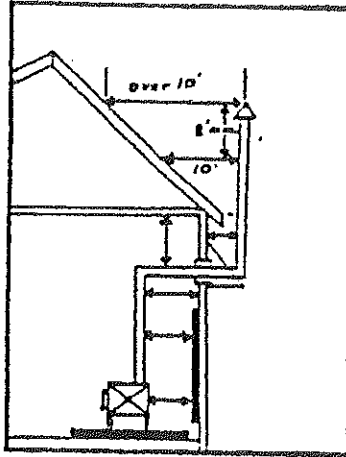
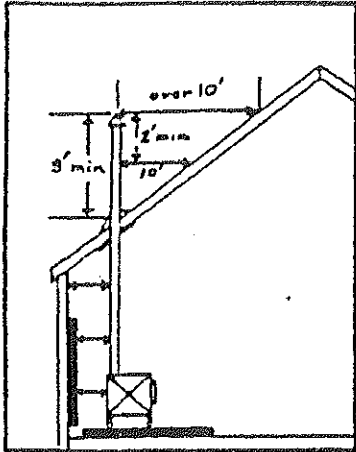


STOVE INSTALLATION CLEARANCES

Stove Components	TYPICAL WALL PROTECTION			
	Combustible Material	½" Cement Board Spaced out 1" 3.	Concrete/Masonry Foundation Wall	4" Brick Veneer
Radiant Stove 1. Front	36"	--	--	--
Circulating Stove 1. Front	24"	--	--	--
A. Radiant Stove 4. Side/Back	36"	18"	6"	18"
A. Circulating Stove Side/Back	12"	6"	6"	6"
B. Single Wall 2. Connector Pipe	18"	12"	6"	8"
B. Double Wall or Insulated Connector Pipe	2	2	2	2
C. Chimney Height (Metal or Masonry)	Three (3) feet above adjacent roof and Two (2) feet above any roof ridge within 10 feet			
D. Damper	If a damper is not included in the stove construction, it must be installed in the connector pipe, unless prohibited by manufactures specifications.			

1. Front: Fuel or ash access side.
2. Thimble required for passage through combustible construction.
3. Non-combustible spacers required.
4. Clearances on each side of a radiant stove with a heat shield shall be measured as if a circulating type.

For other clearance reductions see BOCA Mechanical Chapter 11.



Hearth

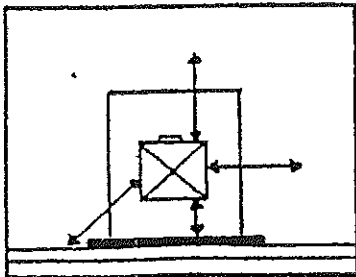
Chimney Height

HEARTH

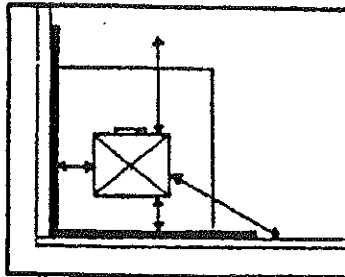
- A) Materials _____
- B) Sub-floor construction _____
- C) Minimum dimensions (refer to diagram)

CLEARANCE AND WALL PROTECTION (see stove installation clearances chart)

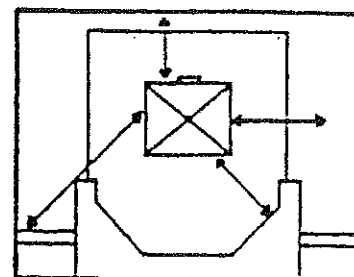
- A) Type of wall protection provided _____
- B) Clearances (refer to diagrams)



FIREPLACE



CORNER



WALL/CENTER