



FORMS AND DOCUMENTS

- This PDF contains copies of the supporting Forms/ Documents which must be filled out, signed, and attached to your online application as applicable, as referenced in the BLDG (3) Document and Information Checklist.
- Where possible, the forms may be electronically filled out and digitally signed.

INCLUDED FORMS/DOCUMENTS

- Workers' Compensation Insurance Affidavit
- Owner's Insurance Waiver Form
- Homeowner Exemption Form
- Solid Waste Disposal Form/ Asbestos Abatement Information Affidavit
- Utility Disconnect Form
- Energy Conservation Application Form
- Final Cost Affidavit
- Back-flow Prevention Device Design Data Sheet



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 #: _____

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-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



OWNER'S INSURANCE WAIVER FORM

OWNER'S INSURANCE WAIVER: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement

I am the (check one) Owner Owner's Agent

Signature of Owner

Date



Construction License Exemption for Homeowner(s)

(Please Print)

Date: _____

Job Location: _____

“Homeowner”: _____

Present Mailing Address:

(Number and Street Name)

(City/Town)

(State)

(Zip Code)

Any homeowner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR (Commonwealth of Massachusetts State Building Code), provided that if a homeowner engages a person(s) for hire to do such work, that such homeowner shall act as a supervisor. This exemption shall not apply to the field erection of a manufactured building. For the purposes of the exemption, a “homeowner” is defined as follows: **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 or two-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.

“OWNERS PULLING THEIR PERMIT OR HAVING WORK PERFORMED BY UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGLc 142A”

****By signing below the applicant currently resides or intends to reside in the residence.****

Homeowner’s Signature: _____ Date: _____



**SOLID WASTE DISPOSAL FORM
ASBESTOS ABATEMENT INFORMATION AFFIDAVIT
LEAD PAINT ABATEMENT INFORMATION AFFIDAVIT**

As a condition of issuing a permit for the construction, demolition, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54, requires that the debris resulting therefrom shall be disposed in a properly licensed solid waste facility as defined by M.G.L. c. 111, § 150A and 310 CMR 7.15 and 310 CMR 30.00 when applicable.

I hereby acknowledge that the reference building permit issued to construct, demolish, renovate, rehabilitate or alter a building structure is conditioned on compliance with M.G.L. c. 40, § 54.

Building Permit Number (to be completed by office staff)

Construction Site Address

Name and Location of Solid Waste Disposal Facility

Signature of Permit Applicant

Date

**ASBESTOS ABATEMENT INFORMATION AFFIDAVIT
LEAD PAINT ABATEMENT INFORMATION AFFIDAVIT**

For all work to be permitted and controlled by 310 CMR 7.15, 189A AND 199B in any structure

As owner of a property I am claiming the owner exemption as controlled by 310 CMR 7.15. Any non-friable Asbestos Abatement and Lead Abatement work not performed by the property owner shall require notification to the Health Department prior to any asbestos abatement and lead abatement work being performed.

Signature of Owner

Date



UTILITY DISCONNECT FORM

Property Address: _____

Property Owner: _____

Owner Address (if different) _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

Licensed Construction Supervisor: _____

License No: _____ **Expiration:** _____

Description of Property to be demolished: _____

Before a building can be demolished or removed, the owner or agent shall notify all utilities having service connection within the building such as water, electric, gas, sewer, and other connection. A permit to demolish or remove a building shall not be issued until a release obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed, and connections have been sealed and plugged securely.

When a building or structure has been demolished or removed, and no building operation has been projected or approved, the vacant lot shall be filled with non-organic fill, graded and maintained in conformity with adjacent grades. The lot shall be maintained free from the accumulation of rubbish and all other unsafe or hazardous conditions which endanger the life or health of the public. Provisions shall be made to prevent the accumulation of water or damage to any foundations on the premises or the adjoining property, and the necessary retaining walls and fences shall be erected with the provision of Chapter 33 of the Massachusetts State Building Code.

TABLE ON THE FOLLOWING PAGE MUST BE COMPLETED AS APPLICABLE

UTILITY DISCONNECT FORM (CONT.)

Utility	Signature	Date	Utility	Signature	Date
Gas			Electric		
Rodent Control			Sewer		
Water			Cable		
Telephone			Police		
Fire			Asbestos Survey		
Historic					

Contractor agrees to notify Fire Prevention before starting and upon completion of demolition. All debris must be removed before the end of the workday. A fire watch may be required if any condition is deemed a fire hazard by the Fire Department.

Owner/Owner's Agent

Date



**Energy Conservation Application Form
Stretch Energy Code
(780 CMR Appendix AA & IECC 2015)
Compliance for One & Two-Family Residential Construction**

Applicant Name: _____

Job Address: _____

Applicant Signature: _____

Date: _____

Please check appropriate box:

- New Construction – 401.2 (1 & 2 Family Dwellings) requires a HERS index rating as verified by a RSNET certified HERS rater:

- 1) Name and Reg. # of HERS rater: _____
 - i) Units 3,000 sq. ft. of conditioned space, a HERS rating of 55 or less is required
 - ii) Units < 3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required
 - iii) All units shall comply with the Energy Star Qualified Thermal Bypass Inspection Checklist

- Additions (Prescriptive Option 401.3)

- 1) Prescriptive Options shall conform to IECC 2015 Chapter 4 and demonstrate compliance with:
 - i) The Energy Star Qualified Homes Thermal Bypass Inspection Checklist
 - ii) Fenestration U-Factor requirements as listed in Energy Star Program for Doors, Windows & Skylights
 - iii) Ducts sealed and tested with leakages 4 cfm per 100 sq. ft. of conditioned floor area
 - iv) Indicate Insulation R-Values and Fenestration U-Factors below:

Insulation R-Values	Wall	Ceiling	Floor	Slab	Basement Wall

Fenestration U-Factors	Windows	Doors	Skylights

- Additions (Performance Option 401.4)

- 1) Name and Reg. # of HERS rater: _____
 - i) Units 3,000 sq. ft. of conditioned space, a HERS rating of 65 or less is required
 - ii) Units < 3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required
 - iii) All units shall comply with the Energy Star Qualified Thermal Bypass Inspection Checklist

- Alterations, Renovations, or Repairs (Prescriptive Option 401.5)
 - 1) Prescriptive Options shall conform to IECC 2015 Chapter 4 and demonstrate compliance with:
 - i) The Energy Star Qualified Homes Thermal Bypass Inspection Checklist
 - ii) Fenestration U-Factor requirements as listed in Energy Star Program for Doors, Windows & Skylights
 - iii) Ducts sealed and tested with leakages 4 cfm per 100 sq. ft. of conditioned floor area
 - iv) Indicate Insulation R-Values and Fenestration U-Factors below:

Insulation R-Values	Wall	Ceiling	Floor	Slab	Basement Wall

Fenestration U-Factors	Windows	Doors	Skylights

- Alterations, Renovations, or Repairs (Performance Option 401.6)
 - 1) Name and Reg. # of HERS rater: _____
 - i) Units 3,000 sq. ft. of conditioned space, a HERS rating of 65 or less is required
 - ii) Units < 3,000 sq. ft. of conditioned space, a HERS rating of 70 or less is required
 - iii) All units shall comply with the Energy Star Qualified Thermal Bypass Inspection Checklist

- Residential Windows, Doors, & Skylights – Energy Star Fenestration U-Factor Requirements (see page four) **Note: Please leave manufacturing stickers in windows for inspection verification**

	Quantity	U-Factor
Windows		
Doors		
Skylights		

*****PLEASE SEE NEXT PAGE FOR MANDATORY IECC 2015 REQUIREMENTS*****

2015 IECC MANDATORY REQUIREMENTS

- 401.3 Certificate- Posted on or near Elec Panel and list R&U values – equip efficiency
- 402.4 Air Leakage- Building Thermal Envelope sealed to limit infiltration
- 402.4.3 Fireplace- Shall have gasket doors and outdoor combustion air
- 402.5 Maximum U Value
- 403.1 Systems Control – One programmable thermostat for forced air system
- 403.2.2 Duct Sealing- All ducts shall be sealed
- 403.2.3 Building Cavities- Framing cavities shall not be used to supply ducts
- 403.3 Mechanical System Piping Insulation- Minimum insulation of R-3
- 403.4 Circulation Hot water system- Minimum insulation of R-2
- 403.5 Mechanical Ventilation – Intake and Exhaust shall have automatic or gravity dampers
- 403.6 Equipment Sizing- In accordance with ACCA manuals per MI401.3 of IRC
- 403.7 Systems serving multiple dwelling units- See Sections 503 & 504 if IECC 2009
- 403.8 Snowmelt Systems Controls- Provide automatic or manual shutoff controls
- 401.1 Lighting Equipment- Min of 50% of lighting fixture shall be high-efficiency lamps

**TABLE 402.1.2 CLIMATE ZONES 5 ONLY
INSULATION REQUIREMENT BY COMPONENT³**

Climate Zone	Ceiling R-Value	Wood Frame-Wall R-Value	Mass Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab R-Value & Depth	Crawl SpaceWall R-Value
5 (MA)	49	20 or 13+15"	13/17	30	15/19	10.2 ft.	15/19

Footnotes (Modified for Climate Zone 5 Only):

- A. R-Values are minimums. U-Factors are maximums. R-19 batts compressed into a nominal 2x6 framing cavity such that the R-Value is reduced by R-1 or more shall be marked with the compressed batt R-Value in addition to fill thickness R-Value.
- B. "10/13" means R-10 continuous insulated sheathing on the interior or exterior of the home or R-13 cavity insulation at the interior of the basement wall.
- C. R-5 shall be added to the required slab edge-R-values for heated slabs. Insulation depth shall be the depth of the footing or 2 feet, whichever is less in Zones 1 through 3 for heated slabs.
- D. Alternatively, insulation sufficient to fill the framing cavity, R-19 minimum.
- E. "13+5" means R-13 cavity insulation plus R-5 insulated sheathing. If structural covers 25 percent or less of the exterior insulating sheathing is not required where structural sheathing is used. If structural sheathing covers more than 25 percent of the exterior, structural sheathing shall be supplemented with an insulated sheathing of at least R-2.
- F. The second R-value applies when more than half the insulation is on the interior of the mass wall.

**ENERGY STAR FENESTRATION U-FACTOR REQUIREMENTS FOR
RESIDENTIAL DOORS, WINDOWS & SKYLIGHTS**

Windows		Doors			Skylights	
U-Factor	SHGC	Glazing Lvl	U-Factor	SHGC	U-Factor	SHGC ^a
0.30	Any	Opaque	0.21	No rating	0.55	any
=0.31	0.35	/11 lite	0.27	0.30		
=0.32	0.40	>Y: z lite	<0.32	<0.30		

a. SHGC= Solar Heat Gain Coefficient

BACKFLOW PREVENTION DEVICE DESIGN DATA SHEET

This application must be submitted and approved prior to installation.

Please submit this completed form to:

LOWELL REGIONAL WATER UTILITY
CROSS-CONNECTION CONTROL PROGRAM
815 PAWTUCKET BOULEVARD
LOWELL, MA 01854

A. Facility/Contact Information

Owner/Contact Name	Facility Name		
Street Address/PO Box	City	State	Zip Code
Telephone Number	Email Address		
Facility Status (check one):	<input type="checkbox"/> Newly Constructed	<input type="checkbox"/> Newly Renovated	<input type="checkbox"/> Existing

B. Device Data

Please select which kind of device will be installed:

RPZ DCVA PVB SRVB Device located on a bypass? Yes No

Exact Device Location	Cross-Connection Protected		
Manufacturer	Model	Size	Valve Type (must be UL/FM approved for fire systems)

C. Cross Connection Plan Submittal Requirements

Please refer to 310 CMR 22.22 Section 11: Installation Requirements for additional information

1. Completed title block (name of facility, address, date, preparer, etc.)
2. Schematic or blueprint of plumbing system (at least 8 1/2" x 11") using accepted symbols and nomenclature, detailing:
 - a. Location of upstream and downstream shutoff valves
 - b. Manufacturer, model, size, and alignment of device
 - c. Location of potable water lines and distance of the device from the finished floor and wall(s)
 - d. System, source, or equipment fed downstream of device, complete with information on the secondary system (operating pressure, chemical treatment, etc.)
 - e. PVBs and SRVBs must be installed in a vertical configuration and at least 6" above the flood level rim of the fixture they serve.
 - f. RPZs must be installed between 36" and 48" above finished floor and minimum 12" from any wall.
 - g. DCVAs must be installed between 12" and 48" above finished floor and minimum 12" from any wall.

This Design Data Sheet is only for the approval of a backflow prevention device installation. All other permits must be acquired from the respective city/town offices.

Submitted By: _____

Address: _____

Date: _____ Phone: _____