

DEMOLITION APPLICATION

The City of North Adams Building Department
(413-662-3014)

Dear Sir:

The undersigned _____ hereby applies for
permission to demolish building at _____.
Type & size of structure _____.
The building is owned by _____.
The demolition contractor is _____.
Date of demolition to begin _____.

AS REQUIRED BY SECTION 116.0 MASSACHUSETTS STATE BUILDING CODE, A DEMOLITION PERMIT MAY NOT BE GRANTED UNTIL RELEASE IS OBTAINED, STATING THE RESPECTIVE SERVICE CONNECTIONS HAVE BEEN REMOVED.

WITNESSED SIGNATURES:

1. Berkshire Gas Company (witnessed by) _____ (date) _____
2. Telephone Company (witnessed by) _____ (date) _____
3. National Grid (witnessed by) _____ (date) _____
4. Public Utilities (witnessed by) _____ (date) _____
413-662-3047
5. Health Department (witnessed by) _____ (date) _____
(Bating) 413-662-3020
6. Health Department (witnessed by) _____ (date) _____
(Demo Waste Disposal) 413-662-3020
7. Fire Department (witnessed by) _____ (date) _____
413-662-3103
8. Cable Company (witnessed by) _____ (date) _____
9. Dept. of Labor & Workforce Development
Division of Occupational Safety (witnessed by) _____ (date) _____
413-448-8746
10. Department of Environmental
Protection (witnessed by) _____ (date) _____
413-755-2145
11. Dig Safe (confirmation number) _____ (date) _____
888-344-7233

Remarks: _____

THIS PERMIT MUST BE RETURNED TO THE BUILDING INSPECTOR'S OFFICE
BEFORE DEMOLITION BEGINS

Signature of owner : _____ (date) _____

Signature of contractor: _____ License# _____ (date) _____

Construction Debris Disposal Affidavit

(Required for all demolition and renovation work)

In accordance with the sixth edition of the State Building Code, 780 CMR section 111.5 Debris, and the provisions of MGL c 40, S54:

Building Permit # _____ is issued for _____ with
(Location)

the condition that the debris resulting from this work shall be disposed of in a properly licensed waste disposal facility as defined by MGL c 111, S 150A.

The debris will be transported by:

(Name of hauler)

Debris will be disposed in:

Dumpster Permit required yes
 no

(Name of facility)

(Address of facility)

Signature of permit applicant

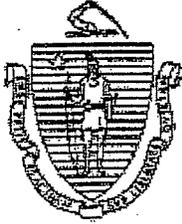
Date

Building Department, Room 208, 10 Main Street, City Hall

North Adams, MA 01247

Phone: (413) 662-3014

Fax: (413) 662-3010



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 #: _____

<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 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>5. <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>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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*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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
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 #: _____