



TOWN OF DOVER

BUILDING DEPARTMENT

DOVER MASSACHUSETTS

Application for Permit to Demolish or Relocate
(Separate application is required for every building)

Address of Building: _____

Owner of Record: _____

Contact Info. Tel. _____ E-mail _____

Signature of Owner: _____ Date: _____

Description of Building Materials:
Foundation _____ Frame _____ Roofing _____

Year Building Was Constructed (According to Assessors Records) _____

Reason for Demolition or Relocation:

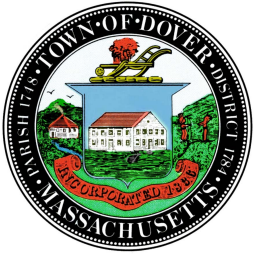
A separate application to demolish a building must be filed with the Board of Health. The BOH application must be picked up at the BOH office. The BOH application package will include a certificate for rodent eradication and a copy of the completed certificate is to be submitted to the Building Department.

All work shall comply with the Building Codes of the Commonwealth and the Zoning-by-laws of the Town of Dover. No work is to start prior to permit being released.

The above information is true and accurate to the best of my knowledge and this application is signed under penalty of perjury.

Signature of Owner or Owners Agent: _____ Date: _____

NOTE: If a new house is to be built in place of the house to be demolish the demolition permit will not be released until all approvals have been obtained for the new house Building Permit. The house to be demolished must be removed prior to beginning new house construction.



**Town of Dover
Building Department
5 Springdale Avenue
Dover MA 02030**

Debris Disposal Affidavit

In accordance with the provisions of MGL c 40, S54A, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S150A.

The debris will be disposed of in:

(Disposal Facility)

(Address)

(City/State)

Please print the following information:

(Applicant/Firm Name)

(Address)

(City/State)

(Telephone)

(Email)

****No Debris Is To Be Left Or Buried On Site. Violations may Result In Fines Being Imposed****



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

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

FOR
MUNICIPALITY
USE
Revised Mar 2011

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers

Map Number _____ Parcel Number _____

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		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54)

Public Private

1.7 Flood Zone Information:

Zone: _____ Outside Flood Zone?
Check if yes

1.8 Sewage Disposal System:

Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

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:		

Minimum Permit Fee of \$100

SECTION 5: CONSTRUCTION SERVICES

<p>5.1 Construction Supervisor License (CSL)</p> <p>_____</p> <p>Name of CSL Holder</p> <p>_____</p> <p>No. and Street</p> <p>_____</p> <p>City/Town, State, ZIP</p> <p>_____</p> <p>_____</p> <p>Telephone _____ Email address _____</p>	<p>_____</p> <p>License Number Expiration Date</p> <p>_____</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td align="center">U</td> <td>Unrestricted (Buildings up to 35,000 cu. ft.)</td> </tr> <tr> <td align="center">R</td> <td>Restricted 1&2 Family Dwelling</td> </tr> <tr> <td align="center">M</td> <td>Masonry</td> </tr> <tr> <td align="center">RC</td> <td>Roofing Covering</td> </tr> <tr> <td align="center">WS</td> <td>Window and Siding</td> </tr> <tr> <td align="center">SF</td> <td>Solid Fuel Burning Appliances</td> </tr> <tr> <td align="center">I</td> <td>Insulation</td> </tr> <tr> <td align="center">D</td> <td>Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (Buildings up to 35,000 cu. ft.)	R	Restricted 1&2 Family Dwelling	M	Masonry	RC	Roofing Covering	WS	Window and Siding	SF	Solid Fuel Burning Appliances	I	Insulation	D	Demolition
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<p>5.2 Registered Home Improvement Contractor (HIC)</p> <p>_____</p> <p>HIC Company Name or HIC Registrant Name</p> <p>_____</p> <p>No. and Street</p> <p>_____</p> <p>City/Town, State, ZIP Telephone _____</p>	<p>_____</p> <p>HIC Registration Number Expiration Date</p> <p>_____</p> <p>_____</p> <p align="center">Email address</p>
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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.

Print Owner's Name (Electronic Signature) Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

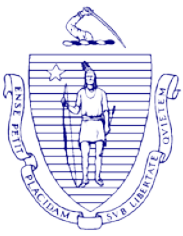
Print Owner's or Authorized Agent's Name (Electronic Signature) Date

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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps
2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed _____ Open _____
Type of cooling system _____	
3. "Total Project Square Footage" may be substituted for "Total Project Cost"

Minimum Permit Fee of \$100



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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:

- | | |
|--|---|
| <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> |
|--|---|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 (check 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 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's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia

TOWN OF DOVER
5 Springdale Ave., Dover MA 02030
Building Department

REQUIREMENTS FOR DEMOLITION PERMIT 780 CMR 112.

1. **Copy** of Commonwealth of Massachusetts / Department of Labor and Industries "Notification of Asbestos Work" (if asbestos work involved) MGL 310 CMR 7.00 – DEP. Submit to Board of Health.
2. **Pest Extermination** certificate from a certified pest control company.
3. **Utilities Disconnected** - Form supplied must be completed and signed off by respective utility department representatives.
4. **Application** for abandonment or continued use of subsurface sewage disposal system signed off by Board of Health Agent. Submit to Board of Health.
5. **Solid waste** debris disposal affidavit. MGL 111.5150A.
6. **Notice to adjoining property owners**- As a courtesy please notify the abutters (any adjacent property within 300 feet of the lot) of your intentions to demolish a structure.
7. **Certified plot plan** of existing property and building(s).
8. **Historical Significance** - If building to be demolished was built in 1929 or previously the Historic Commission must review and approve before a Demolition Permit can be issued.
9. **Application** must be signed by property owner only.
10. **Submit Building Permit Application** for demolition to Building Department as a complete package along with fee. Application will not be accepted unless completed as outlined above.

**DEBRIS ON SITE IS TO BE KEPT UNDER CONTROL
AT ALL TIME. KEEP SITE AND VACINITY TIDY AND SAFE**

TOWN OF DOVER DEMOLITION PERMIT

UTILITIES DISCONNECT FORM

Demolition site address _____

Name of contractor _____

Name of property owner _____

Signature of property owner _____

This verifies that the following utilities having service connections within the above addressed building have been removed, and their respective service connections and related fixtures and equipment have been removed, sealed or capped in a safe manner.

ELECTRIC _____
Authorized Signature Date Title

WATER _____
Authorized Signature Date Title

SEWER _____
Authorized Signature Date Title

GAS _____
Authorized Signature Date Title

OIL TANK _____
Fire Dept. Authorized Signature Date Title

PROPANE _____
Fire Dept. Authorized Signature Date Title

Propane gas tanks to be removed or safely stored on site before demolition begins. (Fire Dept. to make determination) Tanks and/or oil recovery removal by qualified contractors only.

TOWN OF DOVER DEMOLITION APPROVALS

DATE OF APPLICATION SUBMISSION _____

NAME OF PROPERTY OWNER _____

ADDRESS OF PROPERTY _____

It shall be the responsibility of the PROPERTY OWNER to acquire signoff from each of the departments listed below. No demolition permit will be issued without these signatures.

Board of Health, septic: Michael Angieri _____
508-785-0032 x232

Board of Health, well water: Felix Zemel _____
508-785-0032 x232

Highway Supervisor, driveway: Robert Tosi _____
508-785-0058 x121

Conservation Agent, wetlands: Janet Bowser _____
508-785-0032 x233

Town Engineer, site safety: Michael Angieri _____
508-785- 0032 x232

Fire Inspector, hazardous materials: David Tiberi _____
508-785-1130

Building Inspector, authorization to demo _____
508-785-0032 x225