


Wood Stove Application

	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 <i>One- or Two-Family Dwelling</i>	FOR MUNICIPALITY USE <i>Revised Mar 2011</i>
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:		1.2 Assessors Map & Parcel Numbers
1.1a Is this an accepted street? yes _____ no _____		Map Number _____ Parcel Number _____
1.3 Zoning Information:		1.4 Property Dimensions:
Zoning District _____	Proposed Use _____	Lot Area (sq ft) _____ Frontage (ft) _____
1.5 Building Setbacks (ft)		
Front Yard		Side Yards
Required	Provided	Required
Required	Provided	Required
Rear Yard		Provided
1.6 Water Supply: (M.G.L c. 40, § 54)		1.7 Flood Zone Information:
Public <input type="checkbox"/> Private <input type="checkbox"/>	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) _____		City, State, ZIP _____
No. and Street _____	Telephone _____	Email Address _____
SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)		
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>
Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____ Other <input type="checkbox"/> 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 Construction Supervisor License (CSL)**

Name of CSL Holder _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

Email address _____

License Number _____

Expiration Date _____

List CSL Type (see below) _____

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

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name _____

No. and Street _____

City/Town, State, ZIP _____

Telephone _____

HIC Registration Number _____

Expiration Date _____

Email address _____

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)

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"



BUILDING PERMIT AFFIDAVIT
Supplement to Permit Application

HOMEOWNERS LICENSING EXEMPTION

This form is to be completed by homeowner assuming responsibility for the proposed project located at _____, fill this section out only if there is not a contractor taking responsibility for this project!

DEFINITION OF HOMEOWNER: "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." (Section 108.3.5)

The **LICENSE EXEMPTION** for a **HOMEOWNER** applies only for permitted work on owner-occupied one- and two-family dwellings/accessory structures, and farm structures. The exemption allows such homeowner to obtain building permits, perform construction, and engage individuals for hire who may not be registered or possess a construction supervisor's license, **PROVIDED THAT THE OWNER ACTS AS SUPERVISOR**; the homeowner is then **FULLY RESPONSIBLE FOR THE PROJECT AND COMPLIANCE WITH STATE BLDG. CODE AND ALL APPLICABLE LAWS AND REGULATIONS**. Many homeowners who use the "Homeowner's Exemption" are unaware that they are assuming the responsibilities of a supervisor. This lack of awareness often results in serious problems, particularly when the homeowner hires unlicensed persons; in these cases, punitive action cannot be taken against the unlicensed person. The homeowner, acting as supervisor, is ultimately responsible for the project and compliance with the State Bldg. Code.

NOTICE TO HOMEOWNERS ENGAGING OTHERS FOR HIRE: MGL c.142A is a consumer protection law which requires Home Improvement Contractors to be registered with the State. A "Guaranty Fund" has been set up with funds collected from the registered H.I. Contractors which will be available to consumers who are aggrieved with a contract entered into with **REGISTERED H.I. CONTRACTORES**. This law requires that the reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition, to any owner-occupied building (containing up to four dwelling units), and to any related accessory structures, be done by registered Home Improvement Contractors, with certain exceptions.

NOTICE IS HERBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT ON BEHALF OF A CONTRACTOR, OR WHO ENGAGE UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK, DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM GUARANTY FUND UNDER MGL C.142A.

Notwithstanding the above notice, I hereby apply for a permit as the **HOMEOWNER** of the below listed property and by so doing will assume responsibility for compliance with all applicable codes, bylaws, rules and regulations.

TYPE OF WORK _____ Est. Cost _____

ADDRESS OF WORK _____

OWNER NAME: _____ ADDRESS _____

Registration is not required for the following reasons(s):

☐ Work excluded by law ☐ Job under \$1,000.00 ☐ Owner pulling own permit

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

OWNER (S) / AUTHORIZED AGENT SIGNATURE _____

DATE _____



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 attach 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 #: _____

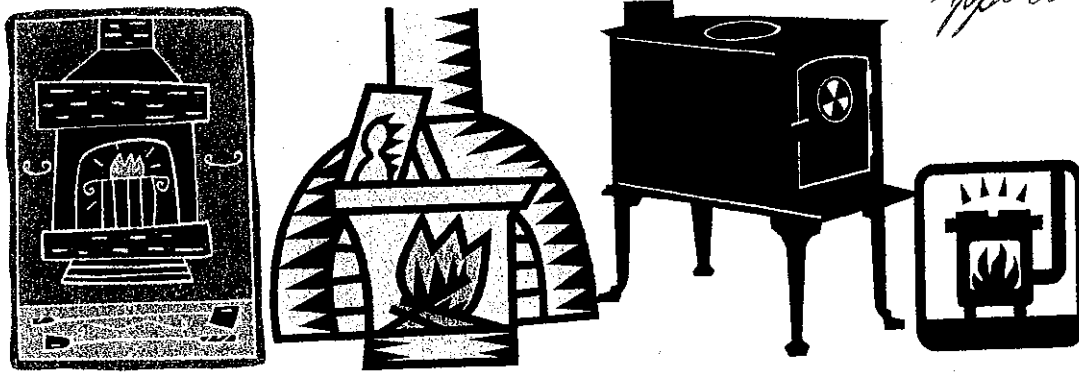
Official use only. Do not write in this area, to be completed by city or town official.

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 #: _____



WOOD-BURNING STOVES AND OTHER SOLID FUEL-BURNING HEATING APPLIANCES

Once again, given the expected demands on fossil fuels (oil and gas) for the winter heating season, it is anticipated that many Massachusetts homeowners may again seek to supplement the heating of their homes by using wood or other solid fuels this winter. Remember, you are bringing *FIRE* into your home by installing a solid fuel-burning appliance.

It is strongly recommended that smoke detectors and carbon monoxide (CO) alarms be installed prior to use – note that the State Building Code (780 CMR) and the State Fire Code (527 CMR) have requirements for when and where smoke alarms and CO alarms are required and State law and the Fire Code have required CO smoke detectors retro-fit installed by March 31, 2006 in most residential occupancies.

The information that follows is intended for those who are considering using solid fuel-burning equipment and fireplaces to heat/supplement heat their homes. While specific sections of the Massachusetts State Building Code (780 CMR) are identified for informational use only, this Fact Sheet should not be used as a substitute for all applicable requirements of the Building Code, Boiler Regulations, or the Appliance Manufacturer's installation, operation and maintenance requirements.

General Requirements

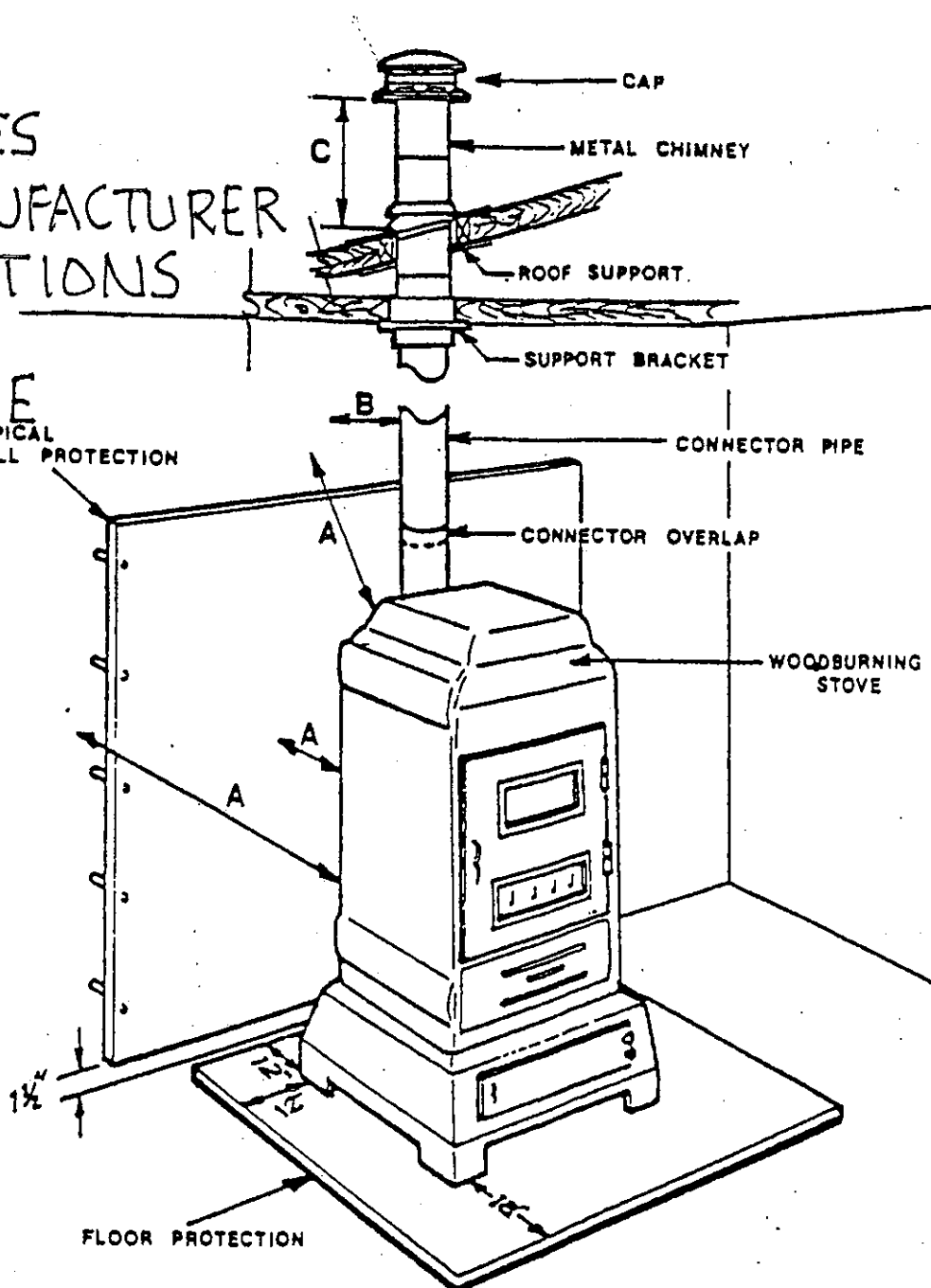
Solid fuel-burning appliances include: factory-built fireplaces, coal-burning appliances, wood stoves, wood pellet stoves, corn and nut-shell burning pellet stoves, wood-fired boilers and any other solid fuel-burning appliance intended to provide heat to a building or space within a building, as well as certain ancillary components such as factory-built chimneys, vent piping and certain specialized installation components for some products.

Solid fuel-burning appliances utilized within the dwelling must be:

1. Listed as tested in accordance with National Safety Standards and labeled for the intended use.
2. Placed a safe and established distance from combustible materials such as wood, draperies, furniture, carpets, wood flooring, etc.
3. Properly vented to the outside of the building.

DEFAULT
CLEARANCES
WHEN MANUFACTURER
SPECIFICATIONS
ARE NOT
AVAILABLE

TYPICAL
WALL PROTECTION



STOVE INSTALLATION CLEARANCES

Stove Components	TYPICAL WALL PROTECTION			
	Combustible Material	1/2" Cement Board Spaced out 1"	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 manufacturers 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.

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Figure 1
FORM OF STAMPING ON COMPLETED CAST IRON BOILERS OR THEIR NAMEPLATES

+ **H**

(Name of Shop Assembler)

Maximum W.F. Steam 15 psi
Water ____ psi

Minimum relief capacity ____ lb/hr or MBH

Figure 2
BOILERS SUITABLE FOR WATER ONLY

+ **H**

(Name of Shop Assembler)

Maximum W.P. Water ____ psi

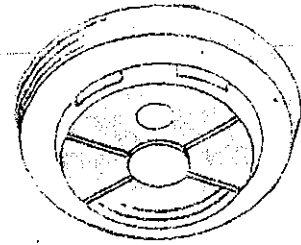
Minimum relief capacity ____ lb/hr or MBH

DETAILS
REQUIREMENTS FOR THE INSTALLATION AND USE OF WOOD-BURNING AND OTHER
SOLID FUEL-BURNING HEATING APPLIANCES & THE USE OF FIREPLACES

Given the expected demands on fossil fuels (oil and gas) for the winter heating season, it is anticipated that many Massachusetts homeowners may again seek to supplement the heating of their homes by using wood or other solid fuels this winter.

Remember, you are bringing *FIRE* into your home by installing a solid fuel-burning appliance. Safety is imperative.

Smoke Alarms Save Lives



When fire strikes you may have less than one minute to safely get out of the building

- Having working smoke alarms in your home can double your chances of survival if a fire occurs.
- Home fire deaths have been cut in half since the early 1970's when smoke alarms were first marketed.

Smoke alarms can't help you if they are missing or don't work

- Tragically about 3,000 people still die in fires each year in the U.S.
- 40% of the fire deaths that occur each year in the U.S. take place in the 4% of homes without working smoke alarms.

Be safe, be aware, be protected

- Install smoke alarms throughout your home.
- Test them monthly.
- Replace batteries when you change your clocks.
- Never disable them or take out the batteries while cooking.

Fires produce heat, smoke and toxic gases

Smoke alarms warn residents in the event of a fire. They alert you and give you a chance to

leave the building before your escape route is blocked by deadly smoke, heat and toxic gases.

When the alarm sounds

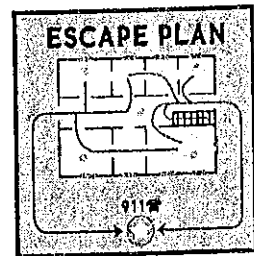
- Leave the building.
- **Get out, Stay out!**
- Go to the family meeting place.
- Call 9-1-1 from a neighbor's home.

Special smoke alarms are available for the hearing impaired

The alarm can be wired to a light, which flashes when the detector is in alarm. A vibrating alert unit can also be used under a pillow while the person is asleep.

Plan and practice a home fire escape route

- Have two ways out of every room.
- Discuss the plan so each member of the family understands what to do in case of emergency.
- Choose a place outside the home where family members can meet to be sure everyone is safely out of the building.



(over) →



FireFactors

Office of the State Fire Marshal • www.mass.gov/dfs • (978) 567-3380