

# TOWN OF MANSFIELD, MASSACHUSETTS

Six Park Row, Mansfield, MA 02048  
BUILDING DEPARTMENT  
508-261-7360/FAX 508-261-7343

## APPLICATION FOR ROOFING, SIDING AND REPLACEMENT WINDOWS

Application Date: \_\_\_\_\_

Builder's License #: \_\_\_\_\_

Issue Date: \_\_\_\_\_

HIC #: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Contact#: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Contact#: \_\_\_\_\_

Address: \_\_\_\_\_

Address of Job: \_\_\_\_\_

Type of Structure (house, garage, commercial, etc.): \_\_\_\_\_

Estimated Cost of Work to be Done: \_\_\_\_\_

**Replacement Windows:** # of windows to be replaced: \_\_\_\_\_

Existing size: \_\_\_\_\_ Replacement size: \_\_\_\_\_

Are headers being replaced? \_\_\_\_\_

Are there any changes being made to the window opening or structure? \_\_\_\_\_

(If "yes" a full building permit will be required.)

### Roofing

Type of existing roofing: \_\_\_\_\_ Are you re-sheathing? \_\_\_\_\_

Type of new roofing: \_\_\_\_\_ # of existing layers: \_\_\_\_\_

Proposed attic ventilation: \_\_\_\_\_

**Roof paper is a code requirement.**

### Siding

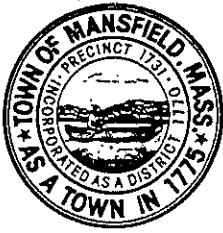
Type of existing siding: \_\_\_\_\_ Is it hazardous material? \_\_\_\_\_

Type of new siding: \_\_\_\_\_

*This is a true statement under penalty of perjury.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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## DEBRIS DISPOSAL AFFIDAVIT

780 CMR 6<sup>TH</sup> Edition, Section 111.5 – Debris: As a condition of issuing a permit for the demolition, renovation, rehabilitation or other alteration of a building or structure, MGL c. 40 s. 54 requires that the debris resulting therefrom shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, s. 150A. Signature of the permit applicant, date and number of the building permit to be issued shall be indicated on a form provided by the building department, and attached to the office copy of the building permit retained by the building department. If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.

The debris will be disposed of in:

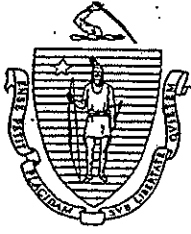
\_\_\_\_\_  
Name of Waste Facility

\_\_\_\_\_  
Address of Facility

\_\_\_\_\_  
Signature of Permit Applicant

\_\_\_\_\_  
Location of Property

\_\_\_\_\_  
Date



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 #: \_\_\_\_\_

**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 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 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 (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector  
 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# TOWN OF MANSFIELD, MASSACHUSETTS

Six Park Row, Mansfield, MA 02048

Nicholas J. Riccio, Inspector of Buildings/  
Zoning Enforcement Officer  
Scott Barbato, Assistant Building Inspector  
Anthony Strycharz, Mechanical Inspector

508-261-7360/FAX 508-261-7343

## REQUEST FOR BUILDING INSPECTION

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_ hereby request an inspection under Massachusetts State Building Code 780CMR Sixth Edition Section 115.2 for:

_____ Foundation	_____ Foundation Reinspection (\$25)
_____ Mechanical	_____ Mechanical Reinspection (\$25)
_____ Rough _____ Final	
_____ Chimney	_____ Chimney Reinspection (\$25)
_____ Rough	_____ Rough Reinspection (\$25)
_____ Insulation	_____ Insulation Reinspection (\$25)
_____ Final	_____ Other Reinspection (\$25)

Explain: \_\_\_\_\_

Permit No.: \_\_\_\_\_

On Property located at \_\_\_\_\_  
Address (AND Lot Number if new subdivision)

Owner: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License No.

DEPARTMENT USE ONLY

Date Inspected \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

By: \_\_\_\_\_  
Inspector of Buildings/Assistant Building Inspector/Mechanical Inspector

**WHEN AN INSPECTION IS REQUESTED AND THE WORK IS NOT READY, THE PREMISES ARE LOCKED OR NOT ACCESSIBLE BY MEANS OF A SET OF STAIRS, OR IT IS NOT ACCEPTABLE, A REINSPECTION FEE OF \$25 WILL BE CHARGED. THIS FEE IS TO BE PAID AT THE BUILDING DEPARTMENT PRIOR TO THE REINSPECTION.**