



Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

Building Department

APPLICATION FOR: ROOFING, SIDING, *REPLACEMENT WINDOWS / DOORS

Application date _____ Builders license # _____

Issue date _____ HIC # _____

Building official approval _____ / _____

Permit # _____

Name of applicant _____ Contact # _____
Address _____

Name of owner _____ Contact # _____
Address _____

Address where work will be performed _____

Type of structure (house, garage, commercial, etc.) _____

Cost of project: roofing _____ siding _____ windows/doors _____

Total cost _____ Permit fee based on above _____

REPLACEMENT windows: quantity to be replaced _____ /DOORS _____

Existing size _____ replacement size _____ > submit specification data<

Are headers or frame being altered? Yes _____ No _____ *If "yes" a complete building permit will be required.

ROOFING: Type of existing roof _____ Are you replacing sheathing _____

Type of new roofing _____ number of existing layers _____

Are you stripping the roof _____ proposed ventilation _____

What is the existing ventilation of the roof system? _____

NOTE: PERMIT WILL BE DENIED IF ANY ROOFING QUESTIONS ARE LEFT BLANK.

Ice barrier is required R905.2.7.1 Underlayment is required see 780 CMR R905.2.7

SIDING: Type of existing siding _____ is it considered hazardous? _____

Type of proposed siding _____

The above statements are true under penalty of perjury

A FINAL INSPECTION IS REQUIRED FOR ALL WORK CONDUCTED. AN ELECTRICAL PERMIT WILL BE REQUIRED IF ELECTRIC SERVICE IS REMOVED/REPLACED

Signature of applicant _____ date _____



TOWN OF MANSFIELD, MASSACHUSETTS

Six Park Row, Mansfield, MA 02048

BUILDING DEPARTMENT
508-261-7360/FAX 508-261-7343

DEBRIS DISPOSAL AFFIDAVIT

780 CMR 8th Edition, Sec. 105.3.1.2 - 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:

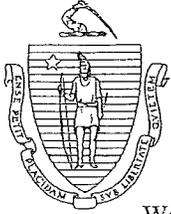
Name of Waste Facility

Address of Facility

Signature of Permit Applicant

Location of Property

Date



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 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 #: _____



Town of Mansfield
6 Park Row, Mansfield, Massachusetts 02048

Building Department

ROBERT BLACKMAN/ZONING ENFORCEMENT/BUILDING INSPECTOR
LEE DAY/ ASSISTANT BUILDING INSPECTOR
ANTHONY STRYCHARZ/ MECHANICAL INSPECTOR

REQUEST FOR BUILDING INSPECTION

TODAY'S DATE _____

DATE OF INSPECTION _____

I, _____ HERBY REQUEST AN INSPECTION UNDER MA STATE BUILDING CODE
780 CMR EIGHTH EDITION R109 OR 110.5:

_____ FOUNDATION

_____ FOUNDATION RE-INSPECTION (\$25)

_____ MECHANICAL

_____ MECHANICAL RE-INSPECTION (\$25)

_____ ROUGH _____ FINAL

_____ CHIMNEY RE-INSPECTION (\$25)

_____ CHIMNEY

_____ ROUGH RE-INSPECTION (\$25)

_____ ROUGH

_____ INSULATION RE-INSPECTION (\$25)

_____ INSULATION

_____ OTHER RE-INSPECTION (\$25)

_____ FINAL

EXPLAIN TYPE OF INSTALLATION: _____

PERMIT #REQUIRED: _____

INSTALLERS CONTACT #REQUIRED: _____

ON PROPERTY LOCATED AT: _____
STREET ADDRESS (AND LOT NUMBER IF NEW SUBDIVISION)

PREMISES OWNED BY: _____ OWNER'S CONTACT # REQUIRED _____

Signature

Home Owner/Builders License#

UPON RECEIPT OF THIS REQUEST INSPECTIONS WILL BE MADE WITHIN THREE (3) WORKING DAYS. WHEN AN INSPECTION IS REQUIRED 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 PRIOR TO THE REINSPECTION.

OFFICE USE ONLY:

DATE INSPECTED: _____

PASS _____ **FAIL** _____

INSPECTOR OF BUILDINGS/ASSISTANT INSPECTOR: _____

MECHANICAL INSPECTOR: _____

Phone (508)261-7360 • Fax (508)261-7343 •