



# Town of Mansfield

6 Park Row, Mansfield, Massachusetts 02048

## Building Department

### RESIDENTIAL 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 \_\_\_\_\_

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 Underlayment is required see 780 CMR R905.1.1

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*

6 Park Row, Mansfield, Massachusetts 02048

*Building Department*

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

## **DEBRIS DISPOSAL AFFIDAVIT**

780 CMR 9th edition, section 105.3.1 item 4

Every city or town shall require, as a condition of issuing a building permit or license for the demolition, renovation, rehabilitation or other alteration of a building or structure, that the debris resulting from such demolition, renovation, rehabilitation or alteration be disposed of in a properly licensed solid waste disposal facility, as defined by section one hundred and fifty A of chapter one hundred and eleven. Any such permit or license shall indicate the location of the facility at which the debris is to be disposed. If for any reason, the debris will not be disposed of as indicated, the permittee or licensee shall notify the issuing authority as to the location where the debris will be disposed. The issuing authority shall amend the permit or license to so indicate.

THE DEBRIS WILL BE DISPOSED OF AT:

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NAME OF WASTE FACILITY

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ADDRESS OF FACILITY

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SIGNATURE OF PERMIT APPLICANT

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JOBSITE ADDRESS

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DATE OF APPLICATION



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



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## 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 NINETH 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 REINSPECITON 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 •