



Town of Ludlow, Massachusetts
Office of the Board of Selectmen
Marc Strange, Town Administrator

TO ALL APPLICANTS REQUESTING A GRAVEL BANK PERMIT:

IN APPLYING FOR A GRAVEL BANK PERMIT, THE FOLLOWING WRITTEN APPROVALS MUST BE OBTAINED AND RETURNED TO THIS OFFICE WITH:

THE APPLICATION FORM:

1. APPROVAL OF THE BUILDING INSPECTOR (AS TO ZONING)
2. APPROVAL OF THE CONSERVATION COMMISSION (VOTE OF COMMISSION AS TO WHETHER HEARING REQUIRED)
3. APPROVAL OF THE SAFETY COMMITTEE.
4. SITE PLAN APPROVAL FROM THE PLANNING BOARD

THE BOARD OF SELECTMEN WILL NOT TAKE ACTION ON YOUR REQUEST UNTIL THE ABOVE APPROVALS ARE RECEIVED.

BOARD OF SELECTMEN



Town of Ludlow, Massachusetts
Office of the Board of Selectmen
Marc Strange, Town Administrator

APPLICATION FOR A NEW GRAVEL BANK PERMIT

To apply for a new gravel bank permit, it will be necessary for you to supply the Board of Selectmen's Office with the following information. *Please provide a copy of your bond with this application.* The license holder is also required to submit a survey of the property which is being worked, the exact number of acres being worked, plans for reclamation and also any reclaiming that has already been completed.

Name of Business: _____

Address: _____

Phone Number: _____ Email address: _____

Name & Address of Business/Persons performing the work: _____

Owner's Name & Address of property on which operation is to be carried out: _____

Total # of acres owned: _____ # of acres currently being worked: _____

of acres currently under reclamation: _____

Estimated Plan of removal for upcoming year. _____

Number of acres _____ times \$2,500.00 per acre equals amount of bond required.

Provide proof of bond.

Hours of operation: _____

Routes of access to the area from nearest public way: _____

Route of transportation of material to be removed from the site: _____

6.1 **EARTH REMOVAL**

6.1.1 In any zoning district, removal or addition of earth products from a lot shall require a Special Permit from the Board of Selectmen, and Site Plan Approval from the Planning Board. No mechanical separation will be permitted on site without a gravel bank permit.

6.1.2 **Application Requirements**

- a. In addition to meeting the requirements of Section 7.0 SPECIAL PERMITS, all applicants for an earth removal special permit shall submit the following to the Board of Selectmen and the Planning Board:
 - (1) The location of the proposed excavation.
 - (2) A full statement as to the purposes of the earth removal.
 - (3) A plan of the land involved showing all man-made features, property lines, and existing topography by ten-foot contours, plus proposed contours at ten-foot intervals showing the finish grade of the site after the completion of the proposed excavation project.
 - (4) The estimated quantity of material to be removed.
- b. The Board of Selectmen may also request the following information:
 - (1) An erosion and sediment control plan.
 - (2) The amount and cost of proposed restoration materials.

6.1.3 **Standards of Operation**

The Board of Selectmen shall include the following conditions to be complied with when issuing a permit:

- a. No excavation shall be permitted below the grade of a road bounding the property at any point nearer than three hundred (300) feet to such road.
- b. No excavation below the natural grade of any property boundary shall be permitted nearer than fifty (50) feet to such boundary.
- c. No slope created by the removal operation shall be finished at a grade in excess of the natural angle or repose of the materials.
- d. All excavated areas shall, upon completion of the operation, be covered with not less than four (4) inches of loam; brought to the finished grade and seeded in a satisfactory manner.
- e. Within the Floodplain District excavation of earth products shall be prohibited if such excavation will lower the level of the water table or will interfere with the natural flow pattern or reduce the flood storage capacity of a stream.

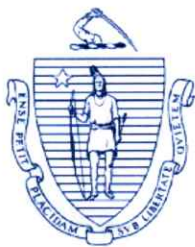
- f. No permit for earth products removal shall be issued if such removal will (1) endanger the general public health or safety; or (2) constitute a nuisance; or (3) result in detriment to the normal use of adjacent property by reason of noise, dust, or vibration; or (4) result in traffic hazards in residential area or excessive congestion or physical damage on public ways.
- g. A permit for any earth products removal may be issued for a period not exceeding five (5) years in duration. Upon reapplication for a permit, the Board of Selectmen may at its discretion, grant one or more extensions of said permit, each of which shall not exceed five (5) years duration.
- h. In approving the issuance of such permit, the Board of Selectmen shall impose reasonable requirements which shall constitute a part of the permit, and which may include grading, seeding, and planting, fencing necessary for public safety, methods of removal, location and use of structures, hours of operation, routes of transportation of material removed, control of drainage and disposition of waste incident to the operation.
- i. **Security**

The Board of Selectmen may require suitable bond or other security adequate to assure compliance with the provisions of this section.

6.1.4 **Earth Removal Exemptions**

No Special Permit shall be required for the following:

- a. Moving earth product within the limits of an individual property or series of contiguous properties of land in single ownership.
- b. Removal of earth products from an operating farm, nursery, or cemetery to the extent that such removal is necessary to the operation of same.



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: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a 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. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 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. ☐ Licensing Board
5. ☐ Selectmen's Office 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 your insurance company's name, address and phone number along with a certificate 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). 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. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia