

## **Town of Ludlow Windows**

### **Requirements:**

- Fill out application completely- see one- or two- family application- how to fill out.
- Permit fee required is: \$75.00
- Worker's Compensation Affidavit- filled out completely.
- Homeowner's Exemption if work is being done by the homeowner.
- Contractor's Certificate of Insurance information with Worker's Comp and Liability Insurance- If being done by contractor.
- Copy of the Contractor's License
- Contract if done by a contractor
- Copy of Home Improvement Contractor Registration (HIC)



**TOWN OF LUDLOW**  
The Commonwealth of Mass. State Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 9<sup>th</sup> edition  
**BUILDING PERMIT APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A  
ONE- OR TWO-FAMILY DWELLING**



**Official Use Only:**

**DATE SUBMITTED:** \_\_\_\_\_ **FEE:** \$ \_\_\_\_\_ **Indicate how fee is determined**

☐ Standard Town Application Fee    ☐ Total Project Cost (Item 6 of Estimated Project Cost x multiplier) \_\_\_\_\_ X \_\_\_\_\_

Other Fees \$ \_\_\_\_\_ List: \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_  
Building Commissioner / Inspector of Buildings

**SECTION 1 – SITE**

Property Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Is this an accepted street? yes ☐ no ☐ Assessors' Map #: \_\_\_\_\_ Parcel # \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Property Dimensions: Lot Area (sq. ft.): \_\_\_\_\_ Frontage (ft.): \_\_\_\_\_ Year Constructed: \_\_\_\_\_

**BUILDING SETBACKS (FT.)**

Front Yard: Required: \_\_\_\_\_ Provided: \_\_\_\_\_ Side Yards: Required: \_\_\_\_\_ / \_\_\_\_\_ Provided: \_\_\_\_\_ / \_\_\_\_\_ Rear Yard: Required: \_\_\_\_\_ Provided: \_\_\_\_\_

Water Supply: Public ☐ Private ☐ Sewage Disposal System: Municipal ☐ Onsite disposal system ☐ Flood Zone: \_\_\_\_\_ Outside Flood Zone ☐

**SECTION 2 – PROPERTY OWNERSHIP**

Owner of Record: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**SECTION 3 – DESCRIPTION OF PROPOSED WORK (check all that apply)**

☐ NEW CONSTRUCTION    ☐ OWNER-OCCUPIED    ☐ REPAIRS    ☐ REMODEL    ☐ ADDITION    ☐ DEMOLITION  
☐ EXISTING BUILDING    ☐ ACCESSORY BUILDING    ☐ OTHER Specify: \_\_\_\_\_

TOTAL SQUARE FOOTAGE OF CONSTRUCTION \_\_\_\_\_ TOTAL PROJECT COST \$ \_\_\_\_\_  
(Including Electrical , Plumbing, Gas, HAVC, Fire Suppression)

Complete description of work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4 – DEPARTMENT APPROVALS FOR RESIDENTIAL BUILDINGS**

| Department                              | Approved | Date | N/A | Department              | Approved | Date | N/A |
|---|----------|------|-----|-------------------------|----------|------|-----|
| Board of Appeals-<br>Variances          |          |      |     | D.P.W. -<br>St. Opening |          |      |     |
| Board of Health-<br>Septic/Well/Bedroom |          |      |     | D.P.W. -<br>Sewer       |          |      |     |
| Conservation<br>Commission              |          |      |     | D.P.W. -<br>Storm Water |          |      |     |
| Planning-<br>Sub-Divisions              |          |      |     | Fire-<br>Life Safety    |          |      |     |
| Tax Collector<br>Taxes                  |          |      |     |                         |          |      |     |

## SECTION 5 – CONSTRUCTION SERVICES

Construction Supervisor / H.I. Contractor \_\_\_\_\_  
Print Name & Company Name

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Construction Supervisor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

H.I.C. Registration # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Architect: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Check CSL Type:

- ☐ U-Unrestricted (up to 35,000 Cu. Ft.)
- ☐ R-Restricted 1 & 2 family dwelling
- ☐ M-Masonry Only
- ☐ RC-Residential Roof Covering
- ☐ WS-Residential Window & Siding
- ☐ SF-Res. Solid Fuel Burning Appl. Inst.
- ☐ D-Residential Demolition
- ☐ IC-Insulation

## SECTION 6 – OWNER AUTHORIZATION

I, \_\_\_\_\_ as Owner of the aforementioned property hereby authorize  
(Print Name of Owner)

\_\_\_\_\_ to act on my behalf during the work authorized pursuant to this application  
(Print Name of Agent)

Owners pulling their own permit or dealing with unregistered contractors do not have access to the Arbitration Program or Guaranty Fund (as set forth in MGL c. 142A)

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## SECTION 7 – OWNER / AUTHORIZED AGENT DECLARATION

I, \_\_\_\_\_, as Owner / Authorized Agent hereby declare that the information contained in this application is a true and accurate description of the proposed work and costs associated therewith. I agree that the proposed work shall be completed subject to the provisions of the Massachusetts State Building Code and other applicable laws and ordinances.

Signature of Owner / Agent: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 8 – DEMOLITION REQUIREMENTS

(Letters required from utilities)

**DIG SAFE #:** \_\_\_\_\_

1-888-DIG-SAFE

☐ Gas Co. ☐ Electric Co. ☐ Water Supplier ☐ Sewer (D.P.W.) ☐ Telephone Co.

☐ Dept. of Labor & Industries ☐ Board of Health ☐ Fire Department ☐ Planning Board

(Asbestos/Lead) 413-781-2676

## SECTION 9 – DEBRIS DISPOSAL

In accordance with the provisions of MGL, C.0, S.4, a condition of this Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL C111, S151A.

NAME & LOCATION OF FACILITY: \_\_\_\_\_

**SIGNATURE OF PERMIT APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## SECTION 10 – 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.....☐



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

# 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."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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.

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## 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) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_(city or town)." 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

DEPARTMENT OF INSPECTIONAL SERVICES  
TOWN OF LUDLOW  
LUDLOW, MASSACHUSETTS 01056  
PHONE (413) 583-5600 ext. 1210

HOMEOWNER LICENSE EXEMPTION  
(PLEASE PRINT)

DATE: \_\_\_\_\_

HOMEOWNER: \_\_\_\_\_  
(Name/Address)

JOB LOCATION: \_\_\_\_\_  
(Address OR Map & Lot)

TYPE OF WORK: \_\_\_\_\_

The current exemption for "homeowners" was extended to include Owner-Occupied Dwellings of two units or less and to allow such homeowner to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor (State Building Code Section 108.3.5.1).

DEFINITION OF HOMEOWNER: Person (s) who own a parcel of land on which he/she resided 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. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit.\*

As acting Construction Supervisor/General Contractor your presence on the job site will be required from time to time, during and upon completion of the work for which this permit is issued.

Also be advised that with reference to Chapter 152 (**Workers' Compensation**) and Chapter 153 (**Liability of Employers to Employees Laws Annotated**), you may be liable for persons (s) you hire to perform work for you under this permit.

The undersigned "Homeowner" certifies and assumes responsibility for compliance with the State Building Code, Town of Ludlow Bylaws, Rules and Regulations, State and Local Zoning Laws, and State of Massachusetts General Laws Annotated.

**\*NOTICE IS HEREBY GIVEN THAT OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER M.G.L. c.142A.**

HOMEOWNER SIGNATURE: \_\_\_\_\_  
Signed under penalties of perjury



## Office of Consumer Affairs and Business Regulation

# Warning

### **HOMEOWNERS SHOULD NOT APPLY FOR THEIR OWN BUILDING PERMIT**

Under the Home Improvement Contractor (HIC) Law, M.G.L. c. 142A, when a homeowner hires a contractor to perform residential contracting work, the contractor should obtain the building permit, unless one is not necessary. If you, the homeowner, obtain the permit, be aware of the following:

- You are now personally responsible for all work on this project.
- You are the General Contractor of the project and a court of law will view you as such if you are sued, or if you sue another party.
- You are responsible for ensuring that all work meets the MA Building Code.
- You must supervise the work.
- You must call your municipal Building Department to schedule all required inspections.
- Your subcontractors may lien your property.
- Any worker injured on your project may sue you if you do not carry Workers' Compensation insurance.
- Failure to carry Workers' Compensation insurance may result in serious penalties.
- **You have waived all rights to the Guaranty Fund.**

**For more information about the HIC Law or the HIC Programs, contact our Consumer Hotline at 617-973-8787 or visit us at [Mass.Gov/HomeImprovement](https://www.mass.gov/homeimprovement)**