APPLICATION – SOLID FUEL BURNING DEVICE (Wood Stove or Pellet Stove) in a One and Two Family Dwelling (Residence) Only

The Commonwealth of Massachusetts – Board of Building Regulations and Standards

Wood Stoves and Pellet Stoves Mass Building Code CMR 780

R1006.1 Exterior air. Factory-built or masonry fireplaces covered in this chapter shall be equipped with an exterior air supply to assure proper fuel combustion unless the room is mechanically ventilated and controlled so that the indoor pressure is neutral or positive.

R1006.1.1 Factory-built fireplaces. Exterior combustion air ducts for factory-built fireplaces shall be a listed component of the fireplace and shall be installed according to the fireplace manufacturer's instructions.

R1006.1.2 Masonry fireplaces. Listed combustion air ducts for masonry fireplaces shall be installed according to the terms of their listing and the manufacturer's instructions.

R1006.2 Exterior air intake. The exterior air intake shall be capable of supplying all combustion air from the exterior of the dwelling or from spaces within the dwelling ventilated with outside air such as non-mechanically ventilated attic spaces. The exterior air intake shall not be located within the garage or basement of the dwelling nor shall the air intake be located at an elevation higher than the firebox. The exterior air intake shall be covered with a corrosion-resistant screen of ¼” mesh.

R1006.3 Clearance. Unlisted combustion air ducts shall be installed with a minimum 1-inch (25 mm) clearance to combustibles for all parts of the duct within 5 feet (1524 mm) of the duct outlet.

R1006.4 Passageway. The combustion air passageway shall be a minimum of 6 square inches (3870 mm2) and not more than 55 square inches (0.035 mm), except that combustion air systems for listed fireplaces shall be constructed according to the fireplace manufacturer's instructions.

R1006.5 Outlet. Locating the exterior air outlet in the back or sides of the firebox chamber or within 24 inches (610 mm) of the firebox opening on or near the floor is permitted. The outlet shall be closable and designed to prevent burning material from dropping into concealed combustible spaces.

The permit fee will be $50.00 for installations costing less than $8,400.00

Completed applications may be submitted during office hours, or mailed to:
Huntington Building Inspection P.O. 430 Box Huntington MA 01050

Office hours at Huntington Town Hall – Wednesdays 7:30 pm.
This Section For Official Use Only

<table>
<thead>
<tr>
<th>Building Permit Number:</th>
<th>Date Applied:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Building Official (Print Name) Signature Date

SECTION 1: SITE INFORMATION

1.1 Property Address: ________________________________
1.1a Is this an accepted street? yes_____ no_____
1.2 Assessors Map & Parcel Numbers
   Map Number __________________________
   Parcel Number ______________________

1.3 Zoning Information: ______________
   Zoning District ____________________
   Proposed Use ______________________
1.4 Property Dimensions:
   Lot Area (sq ft) ____________________
   Frontage (ft) ______________________

1.5 House Numbers YES □

Massachusetts General Law Chapter 148 section 59 requires verification that house numbers are properly displayed on the home and are visible from the street. Numbers shall be a minimum of 3 inches tall in a contrasting color. If not visible from the street, signage is required at street level and at way points as necessary until numbers on home are visible. Failure to meet this requirement will result in a failed inspection and the need to reschedule.

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner1 of Record:
   Name (Print) __________________________
   City, State, ZIP ______________________
   No. and Street ________________________
   Telephone __________________________
   Email Address ________________________

SECTION 3: DESCRIPTION OF PROPOSED WORK

New Stove □ Existing Stove □ Used Stove □ Pellet Fuel □ Wood Fuel □
Manufacturer __________________________
Model # ______________________________
Top Loading □ Side Loading □ Front Loading □

Brief Description of Proposed Work2: ________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stove Cost</td>
<td>$</td>
<td>1. Building Permit Fee: $________ Indicate how fee is determined:</td>
</tr>
<tr>
<td>2. Exhaust Gas Flue</td>
<td>$</td>
<td>□ Standard City/Town Application Fee</td>
</tr>
<tr>
<td>3. Intake venting</td>
<td>$</td>
<td>□ Total Project Cost2 (Item 6) ______ X.006 = _________</td>
</tr>
<tr>
<td>4. Floor protection</td>
<td>$</td>
<td>2. Other Fees: $________</td>
</tr>
<tr>
<td>5. Misc</td>
<td>$</td>
<td>List: ____________________________________________</td>
</tr>
<tr>
<td>6. Total Project Cost</td>
<td>$</td>
<td>Total All Fees: $________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Check No. ______ Check Amount: ______ Cash Amount: ______</td>
</tr>
</tbody>
</table>

Check □ Paid in Full □ Outstanding Balance Due: ______
SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

<table>
<thead>
<tr>
<th>Name of CSL Holder</th>
<th>License Number</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. and Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City/Town, State, ZIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td></td>
<td>Email address</td>
</tr>
</tbody>
</table>

List CSL Type (see below)

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Unrestricted (Buildings up to 35,000 cu. ft.)</td>
</tr>
<tr>
<td>R</td>
<td>Restricted 1&amp;2 Family Dwelling</td>
</tr>
<tr>
<td>M</td>
<td>Masonry</td>
</tr>
<tr>
<td>RC</td>
<td>Roofing Covering</td>
</tr>
<tr>
<td>WS</td>
<td>Window and Siding</td>
</tr>
<tr>
<td>SF</td>
<td>Solid Fuel Burning Appliances</td>
</tr>
<tr>
<td>I</td>
<td>Insulation</td>
</tr>
<tr>
<td>D</td>
<td>Demolition</td>
</tr>
</tbody>
</table>

5.2 Registered Home Improvement Contractor (HIC)

<table>
<thead>
<tr>
<th>HIC Company Name or HIC Registrant Name</th>
<th>HIC Registration Number</th>
<th>Expiration Date</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature</td>
<td></td>
<td></td>
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<tr>
<td>Telephone</td>
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</tr>
</tbody>
</table>

SECTION 6: 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 ☐

SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER’S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, as Owner of the subject property, hereby authorize ___________________________ to act on my behalf, in all matters relative to work authorized by this building permit application.

Owner’s Signature ___________________________  Date ____________

SECTION 7b: OWNER OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Owner’s Signature or Authorized Agent ___________________________  Date ____________

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps
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 

<table>
<thead>
<tr>
<th>Are you an employer? Check the appropriate box:</th>
<th>Type of project (required):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ☐ I am an employer with _______________ employees (full and/or part-time).*</td>
<td>6. ☐ New construction</td>
</tr>
<tr>
<td>2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</td>
<td>7. ☐ Remodeling</td>
</tr>
<tr>
<td>3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.]†</td>
<td>8. ☐ Demolition</td>
</tr>
<tr>
<td>4. ☐ 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.‡</td>
<td>9. ☐ Building addition</td>
</tr>
<tr>
<td>5. ☐ 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.]</td>
<td>10. ☐ Electrical repairs or additions</td>
</tr>
<tr>
<td>11. ☐ Plumbing repairs or additions</td>
<td></td>
</tr>
<tr>
<td>12. ☐ Roof repairs</td>
<td></td>
</tr>
<tr>
<td>13. ☐ Other ____________________________</td>
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</tr>
</tbody>
</table>

*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.

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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 verification.

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I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: ____________________________ Date: ____________

Phone #: ____________________________

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Official use only. Do not write in this area, to be completed by city or town official.

City or Town: HUNTINGTON  
Issuing Authority: Building Department  

Permit/License #: ____________________________

Contact Person: ____________________________
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 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.

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.

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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

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