



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 #: _____



MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P
TYPE OR PRINT CLEARLY

CITY _____ MA. DATE _____ PERMIT # _____

JOB SITE ADDRESS _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE: COMMERCIAL EDUCATIONAL RESIDENTIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

FIXTURES ↓	FLOOR →	BSMT	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB																
CROSS CONNECTION DEVICE																
DEDICATED SPECIAL WASTE SYS																
DEDICATED GAS/OIL/SAND SYS																
DEDICATED GREASE SYS																
DEDICATED GRAY WATER SYS																
DEDICATED WATER RECYCLE SYS																
DRINKING FOUNTAIN																
DISHWASHER																
FOOD DISPOSER																
FLOOR / AREA DRAIN																
INTERCEPTOR (INTERIOR)																
KITCHEN SINK																
LAVATORY																
ROOF DRAIN																
SHOWER STALL																
SERVICE / MOP SINK																
TOILET																
URINAL																
WASHING MACHINE CONNECTION																
WATER HEATER ALL TYPES																
WATER PIPING																
OTHER																

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which, meets the requirements of MGL Ch. 142. Yes No

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY

OTHER TYPE OF INDEMNITY

BOND

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent _____ CHECK ONE BOX ONLY: OWNER AGENT

I hereby certify that all of the details and information I have submitted (or entered) regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER NAME _____ SIGNATURE _____

LIC # _____ MP JP CORPORATION # _____ PARTNERSHIP # _____ LLC # _____

COMPANY NAME _____ ADDRESS: _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

TEL _____ CELL _____ FAX _____



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1. Board of Health
2. Building Department
3. City/Town Clerk
4. Electrical Inspector
5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



Town of Whitman Building Commissioner

ZONING OFFICER
P.O. BOX 426, WHITMAN, MASSACHUSETTS 02382
FAX: 781-618-9797

ROBERT CURRAN
Building Commissioner
Zoning Enforcement Officer
(781) 618-9770
Bob.Curran@whitman-ma.gov

PETER PALAZA
Wiring Inspector
(781) 447-3675

MARK GETCHELL
Plumbing Inspector
Gas Inspector
(781) 447-3736

Plumbing & Gas Inspector's Fee Schedule

Gas

Residential & Commercial

- | | |
|---|--------------|
| 1. Minimum charge for any gas piping or first appliance | \$50.00 |
| 2. Additional Appliances | \$15.00 each |

Plumbing

Residential & Commercial

- | | |
|--|--------------|
| 1. Minimum charge, up to three fixtures | \$50.00 |
| 2. Additional Fixtures | \$15.00 each |
| 3. New single family dwelling attached / detached
up to 10 fixtures | \$175.00 |
| *Additional Fixtures | \$10.00 each |
| 4. Sewer Connection | \$50.00 |
| 5. Filtration | \$50.00 |

Effective: January 1, 2019

Voted on by the Board of Selectmen: December 18, 2018

Approved by the Board of Selectmen: December 18, 2018