

**CITY OF FRAMINGHAM
DEMOLITION PERMIT APPLICATION REQUIREMENTS
COMMERCIAL & RESIDENTIAL**

Please note that your demolition permit application cannot be submitted without the following:

- 1) Completed demolition permit application
- 2) Permit fee (\$15 per \$1,000 of job cost)
- 3) Debris Affidavit
- 4) Workers compensation insurance affidavit
- 5) Workers compensation insurance certificate
- 6) CSL & HIC if Applicable
- 7) Disconnect/Approval letters are required if applicable from:
Water & Sewer Dept., Gas Company, Electric Company, Telephone Company and Board of Health

Please note: All buildings 75 years or older needs to be notified and reviewed by the Framingham Historical Commission under the Demolition Delay By-law

Permit Number: _____



Fred Bray
Building Commissioner

CITY OF FRAMINGHAM

Inspectional Services Division
Department of Building Inspection

Memorial Building, Room 203
150 Concord Street
Framingham, Massachusetts 01702-8368

Telephone: 508-532-5500
Fax: 508-532-5794
Email: rn@framinghamma.gov

DEMOLITION PERMIT APPLICATION

Address of Building: _____ Date: _____

Owner's Name: _____

Address: _____

Telephone Home: _____ Business: _____

Signature: _____

Applicant, if different: _____

Address: _____

Telephone Home: _____ Business: _____

Date building constructed _____ Source of construction date _____

Building Type: Residential: Single family _____

Commercial: Sq. Ft. _____

Multi family
Industrial: Sq. Ft. _____

Existing Use _____

Proposed Use _____

Framingham Fire Department Approval _____ DATE _____

CHIEF OR DESIGNEE

Historical Commission Approval _____ DATE _____

APPROVED BY

Brief description of method of demolition: _____

Requirements of Mass State Building Code 780CMR §112.0

Disconnect/Approval letters are required from each department listed below:

Water Sewer Gas Electric Telephone Board of Health

Please Note: All buildings 75 years or older are reviewed by the Framingham Historical Commission under the Demolition Delay By-law.

Estimated demolition cost: \$ _____ Permit Fee: \$ _____

Signature of Applicant: _____ Contractor's License #: _____

Expiration Date: _____

Building Dept. Approval: _____ Date: _____



CITY OF FRAMINGHAM
Inspectional Services Division
Department of Building Inspection
Memorial Building, Room 203
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Fred Bray,
Building Commissioner

DEBRIS AFFIDAVIT

JOB SITE LOCATION: _____

In accordance with the provisions of MGL c 40, s 54, a condition of Building Permit Number _____ is that debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, 2 150A.

The debris will be disposed of in:

Location of Facility

Signature of Applicant

Date



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 #: _____

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 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



(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Demolition Project Application

Prior to the demolition of a building, house or structure and prior to obtaining a demolition permit from the Framingham Inspectional Services Department, the Framingham Public Health Department must sign-off on the following requirements.

Complete the application below. Please print legibly. An incomplete application and/or missing documents may delay the process.

Date: _____

Address of Property to be demolished: _____ Framingham, MA 0170 _____

Property Owner Information

Name: _____

Phone Number: _____ Email: _____

Contractor Information

Name of Company: _____

Address: _____

Name of Contractor: _____

Phone Number: _____ Email: _____

Process for Demolition Approval

1. Asbestos Testing and Abatement - All asbestos containing material shall be removed PRIOR to demolition

- Hire a Department of Labor Standards (DLS) certified asbestos consultant to determine all asbestos containing materials (both non-friable and friable) that are present at the site. There are several private testing laboratories that will perform asbestos bulk sample analysis to determine whether or not a material contains asbestos. Contact DLS for a list of certified labs or visit:

<https://www.mass.gov/files/documents/2017/11/14/web-list-aa.pdf>

- Only DLS licensed and DLS certified asbestos abatement contractors and consultants may be hired to perform asbestos-related work in Massachusetts. It is STRONGLY advised that only a DLS certified worker do asbestos handling on behalf of homeowners. Asbestos shall be abated by a DLS licensed contractor, in accordance with EPA, MassDEP and MassDOS requirements. MassDEP requires notification for any asbestos handling projects prior to any abatement work being conducted. Information and notification asbestos removal forms are available on MassDEP website:

<https://www.mass.gov/guides/massdep-asbestos-construction-demolition-notifications>

Note: Failure to identify and remove all asbestos containing material PRIOR to demolition activities can result in significant penalty exposure, and higher clean-up, decontamination, disposal and monitoring cost.

2. Pest Control

- Hire a licensed Pest Control Operator to assess the property for pest and rodent activity. If pest / rodent activity is observed, the Pest Control Operator shall develop and implement a pest remediation action plan to prevent off-site migration and to eliminate the activity. The plan shall include the target pest, method(s) used, frequency of treatment and additional information that would control / eliminate pest activity. **Submit a copy of the Pest Control inspection report and the remediation plan if applicable.**
- **The last pest control site visit shall be no later than two weeks prior to demolition.**

3. Septic System

- Is a Sewage Disposal System present on the property? Yes No
 - **If Yes, before demolition can take place, the Sewage Disposal System must be abandoned.** To abandon a system, submit a "Sewage Disposal System Abandonment Application" (page 3 & 4) and a fee of \$25.00 made payable to the "City of Framingham". Once received, a Public Health Inspector will contact the applicant to either confirm or reschedule the abandonment date and time to witness the abandonment. Once the system has been abandoned, a "Certificate of Abandonment" will be issued.
 - **If the Public Health Inspector did NOT witness the abandonment, a "Certificate of Abandonment" will NOT be issued.**

Dust, dirt, and debris cannot leave the property line therefore it is highly advised to have a water source present during the demolition process to control these factors.

I, _____, have read, understand and agree to comply with the above conditions and requirements.

To obtain approval for a Demolition Project, submit the following:

- Results from the Certified Asbestos Consultant survey including the laboratory tests.
- Asbestos abatement notification form (ANF-001 also called BWP AQ-04) (if applicable).
- Pest Control inspection report and if applicable, the remediation plan.
- Application to Abandon a Septic System (if applicable) including a fee of \$25.00 (Page 3 & 4)

For Official Use Only

Approved as submitted

Approved as submitted with the following condition(s): _____

Disapproved as submitted – Reason(s): ** _____

****Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector

Approval from the Framingham Public Health Department does not authorize owner / contractor to begin demolition. Owner / contractor shall contact the Framingham Inspectional Services Department (ISD) for additional requirements & permits. A copy of this completed application will be forwarded to ISD.



(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Sewage Disposal System Abandonment Application

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and sign-off process.

Owner Information

Date: _____
Name of Property Owner: _____
Address: _____
Phone Number: _____ Email: _____

Sewage Disposal System Location

Address where the sewage disposal system is located: Check if address is the same as above _____

Installer / Contractor Information

Name of Installer / Contractor: _____
Address: _____
Phone Number: _____ Email: _____

Reason for Abandonment:

- Connect to Municipal Sanitary Sewer Construct a **NEW** onsite individual sewage disposal system
 Other – Specify: _____

If the above listed property (where the sewage disposal system is to be abandoned) is being connected to a private or municipal sanitary sewer system, **a copy of the sewer connection must be submitted with this application.**

The following steps are required in order to properly abandon the existing sewage disposal system:

1. The septic tank shall be pumped of its entire contents by a Framingham licensed septic / sewage hauler.
2. The tank shall be excavated and removed from the site.
3. The bottom of the tank shall be opened or ruptured after being pumped of its contents to prevent retainage of water.
4. The tank shall be completely filled with clean sand, common fill or other suitable material approved in writing by the Board of Health.

Proper abandonment of the septic tank or cesspool must be witnessed by a Public Health Inspector with the Framingham Public Health Department. Please provide at least two days (48 hours) advance notice.

Once the abandonment has been witnessed, further use of the system for any purpose is prohibited. Certificate of Sewage Disposal System Abandonment will be issued.

Note: If the Public Health Inspector did NOT witness the abandonment, a “Certificate of Abandonment” will NOT be issued.

Proposed Date of Scheduled Abandonment: _____ Time: _____

Signature: _____ Print: _____

Submit the following:

- Completed Septic System Abandonment Application.

- Fee of \$25.00 made payable to the “City of Framingham”. At this time, credit cards are not accepted.
All fees are non-refundable.

- A copy of the septic / sewage hauler pump report for the above sewage system disposal abandonment.

For Official Use Only

Name of Inspector: _____ Signature: _____

Date Abandonment was witnessed: _____ Time: _____

Date Certificate of Septic Abandonment was issued: _____

Additional Notes: _____
