

# Welcome to Salisbury On-Line Permits

**This Application is to be filled out online, printed, and brought to the Building Department for a Permit.**

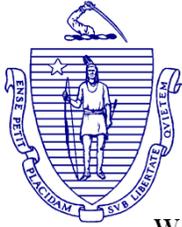
1. **Application** - This is a **Fillable PDF form** and works on most websites.
  - If you have trouble, upload and use **Adobe Reader**; it is a free program.
2. **Entering Information** –
  - You must type it in (no handwritten permits).
  - You must fill in all required boxes
3. **Submission via Email and Paper** - Once you have completed the Application form,
  - Please scroll to the **last** page and **MOUSE/CLICK** on the **SUBMIT** button. This will do 2 things;
    - A copy is required to be **emailed** to us for our computer records.
    - A copy must be **printed** on your printer to bring to the Building Department.
  - If you have troubles with the emailing, save a copy and email it through your regular email, as an attachment to [permits@salisburyma.gov](mailto:permits@salisburyma.gov). *Please add the Address and Permit type in the subject heading.*
4. **Closing the Application** - Once you have printed and emailed the necessary copies, please **MOUSE/CLICK** the CLOSE button to end your session.
5. **Payment** – You may pay online or in person with credit card, cash (*exact amount, please*) or check.

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**Warning** – *The Applicant must bring the paper copy, with attachments and signatures, to our office in order to START the review process to get a Permit.*

*It may take up to 30 days after we get the application to issue a permit.*





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 must fill out

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you an employer? Check the appropriate box:

Check One

- 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):

Check One

- 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 #: \_\_\_\_\_

Sign Hardcopy in Pen

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

# Plumbing/Gas Fee Calculation

SALISBURY eff. 9/8/2015

## 1. Scope of Work

### Residential

(1 & 2 Family, 3 Townhouse Only)

\$75 min.

Check One

Fee

### Residential - MultiFamily

(apartments, condos, etc)

\$50 per unit

Units Qty

ENTER #

### Commercial

\$90 min.

## 2. Fixture Count Fee

### Fixtures

\$10 each

Fixt. Qty

ENTER #

## 3. Hot Water Heater (only)

### Residential

\$50 each

Heater Qty

ENTER #

### Commercial

\$60 each

ENTER #

**TOTAL FEE**