

TOWN OF CHILMARK APPLICATION FOR SOLAR INSTALLATION



This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

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)

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner of Record:

Name (Print) City, State, ZIP

No. and Street Telephone Email Address

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

Roof Mounted
 Ground Array
 Addition to Existing
 Repairs(s)

Brief Description of Proposed Work _____

SECTION 4: GROUND MOUNTED SOLAR ARRAY SETBACKS (ft) (IF APPLICABLE)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

SECTION 5: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$	Building Permit Fee: \$200
2. Electrical	\$	Check No. _____ Check Amount: _____ Cash Amount: _____
6. Total Sq. Ft.	\$	<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
7. Total Project Cost:	\$	

SECTION 6: CONSTRUCTION SERVICES

6.1 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Telephone

Email address

License Number

Expiration Date

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

6.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP

Telephone

HIC Registration Number

Expiration Date

Email address

6.3 Licensed Electrician

Name of Electrician

No. and Street

Telephone

Email address

License Number

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.

Print Owner's Name (Electronic Signature)

Date

SECTION 7b: OWNER¹ 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.

Print Owner's or Authorized Agent's Name (Electronic Signature)

Date

SECTION 8: NOTES

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

SECTION 9: REQUIRED DOCUMENTATION

- 9.1 Equipment Data Sheet (Panels, Inverters, Racking, Flashings)
- 9.2 Line Riser Diagram
- 9.3 Stamped Structural Engineer Report for Adequate Load Bearing

OR

9.3 Prescriptive Path for Adequate Load Bearing (Rafter Size and Spacing, Span, Species, Layers of Shingles or Roofing Material)

WITH ACCOMPANING PICTURES



TO FIND MORE INFORMATION ON PRESCRIPTIVE PATHS FOR ROOFTOP SOLAR GO TO

<https://www.mass.gov/files/documents/2016/09/nx/faq-prescriptive-process-stamped-signed-2-13-13.pdf>



ALL BATTERY STORAGE SYSTEMS MUST BE PERMITTED WITH APPROVAL FROM THE FIRE DEPARTMENT

CONFIRM WITH FIRE DEPARTMENT REGARDING NFPA1 CODE COMPLIANCE REGARDING ACCESS PATHWAYS ON ROOF RIDGE AND EAVES

**Section 10: Debris Disposal
Affidavit**

DEMOLITION SITE ADDRESS _____
DISPOSAL/DUMPSTER FIRM _____
CONSTRUCTION SITE ADDRESS _____
SIGNATURE OF PERMIT APPLICANT _____
DATE _____

Section 10: Workers' Compensation Affidavit

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

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