

4 ZONING & REGULATORY INFORMATION

Engineering Division and US Environmental Protection Agency

For any construction activity that disturbs greater than one acre of land, or disturbs less than one acre if part of a larger common plan, a Storm Water Pollution Prevention Plan (SWPPP) is required to be developed and submitted to the Town Engineer for approval. A copy of the SWPPP to be submitted in conjunction with the NOI filing with the EPA will meet this submittal requirement. The SWPPP must be in compliance with "**Town of Concord: Design Standards and Construction Specifications**". It is the responsibility of the applicant to obtain all other approvals required to perform the work prior to commencing work. Failure to obtain all necessary permits and/or approvals before commencing work may subject the licensee to immediate enforcement action including the issuance of fines and work stoppage. Approval of proposed work by any other Town Department does not automatically imply approval of a Right of Way Permit Application.

Zoning District: _____ Lot Area: _____ Lot Frontage: _____

Present Use: _____ Proposed Use: _____

Setbacks: Front L.Side R.Side Rear Stories Height No. of Bedrooms

Existing _____

Proposed _____

- Yes No Lot presently conforming to Zoning Bylaw requirements.
- Yes No Planning Board Subdivision Approval required.*
- Yes No Lot presently nonconforming and approval required by the Board of Appeals.*
- Yes No Work within right-of-way.* (If uncertain be sure to check with the Engineering Dept.)
- Yes No Lot located within a Historic District.*
- Yes No Lot located within the White Pond area.*
- Yes No Lot located within the Flood Plain Conservancy District.*
- Yes No Lot located Within the Wetland Conservancy District.*
- Yes No Lot located within the Groundwater Conservancy District.*
- Yes No Proposed work situated within a 100 year flood plain. Flood Zone: _____.*
- Yes No Proposed work located within 25 ft. OR 100 ft. of wetlands.*
- Yes No Proposed work located within 200 feet of stream or river.*
- Yes No Proposed work located within 100 feet of a Certified Vernal Pool.*
- Yes No Proposed work located within a conservation restriction.*

*If yes, then additional approvals required prior to a Building Dept. review of this application.

5 ADDITIONAL ASPECTS OF THIS WORK

Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Increase # of Bedrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical (HVAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driveway: new, relocate,	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	widen, or resurface, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oil Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sewer Tie-In	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is this lot located on land formerly used as a railroad right-of-way or any property appurtenant thereto formerly used by any railroad company and requiring approval by the Executive Office of Transportation and Construction in accordance with MGL C40 §54A? Yes No

NOTE: For each yes box checked, additional permits or approvals are required.

•When substantial work is planned, provide the information below:

Type of Heating: _____ Type of Cooling: _____

Number of: fireplaces _____, bathrooms _____, half/baths _____,

Number of: habitable rooms _____, bedrooms _____, decks/porches open _____, enclosed _____

•In accordance with the requirements of Ch508 Acts of 2008 is there 7,500 gross square feet or more in floor area which requires the installation of automatic sprinklers throughout? Yes No

•In accordance with the requirements of MGL C40 §54 and MGL C111 §150A please supply the following information relative to solid waste disposal in connection with this project:

Waste Disposal Company: _____ Telephone Number: _____

Disposal Site Location: _____

WORKERS' COMPENSATION INSURANCE AFFIDAVIT**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers***Applicant information:*

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 general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡
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.]

Type of project (required):

6. New Construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof Repairs
13. 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(s) 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 the 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: Town of Concord Permit/License #: _____

Issuing Authority (circle one):

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

Contact Person: _____ Phone #: _____

CERTIFICATION (Please read before signing)

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work is accurately represented in the statements made in this application and that the work shall be executed in accordance with the Mass State Building Code, Concord Bylaws and all other applicable laws and ordinances in effect on the date of issuance as provided for in MGL Chapter 40A, Section 6.

Signatures: _____ Date _____

Owner/Authorized Agent

Date