

# Town of Otis

Board of Selectmen ♦ Board of Health  
Town Hall ♦ One North Main Road ♦ Otis, MA 01253-0237  
(413) 269-0100 ext. 104  
*healthdept.otis@gmail.com*

## Disposal Works Installer Permit Application

Name of establishment: \_\_\_\_\_  
Physical address of establishment: \_\_\_\_\_  
Mailing address of establishment: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Owner or Corporation information: \_\_\_\_\_  
Manager or Emergency Contact: \_\_\_\_\_

TYPE OF LICENSE	FEE	EXPIRATION	DUE
<input checked="" type="checkbox"/> Disposal Works Permit	\$60.00	December 31 <sup>st</sup>	\$60.00
<b>TOTAL AMOUNT DUE</b>			<b>\$60.00</b>

*Have you ever been licensed to install a subsurface disposal system?* \_\_\_\_\_

*If yes, please indicate what towns, if any, you have installed septic systems in:* \_\_\_\_\_  
\_\_\_\_\_

*Pursuant to MGL c. 62C § 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.*

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number or Federal ID # \_\_\_\_\_

All applications are subject to Board of Selectmen/Board of Health approval. Applications must be submitted with payment, together with the Commonwealth of Massachusetts Department of Industrial Accidents Workers' Compensation Insurance Affidavit for General Business ([www.mass.gov/dia](http://www.mass.gov/dia)) and a policy declaration page (if applicable).



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