

**TOWN OF BERKLEY**  
Inspection Department  
1 North Main Street  
Berkley, MA 01924.9286

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

Fee: \_\_\_\_\_

**APPLICATION TO CONSTRUCT CHIMNEY/FIREPLACE/FUEL**

(780 cmr 3610 & 2114)

The application must be accompanied by a diagrammatic sketch of design plan.

**CONSTRUCTION SUPERVISOR OR MASONRY LICENSE REQUIRED** (copy with picture ID must be attached).

All applications must be accompanied by proof of workmen's compensation insurance and liability insurance.

Location of Work \_\_\_\_\_

Map/Lot (must be completed by Assessor's Office) \_\_\_\_\_

Homeowner \_\_\_\_\_

Telephone Number \_\_\_\_\_

Homeowner Address \_\_\_\_\_

Name of Contractor \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Contractor License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Type:

☐ Solid Masonry

☐ Factory Built/U.L.#: \_\_\_\_\_

Chimney:

Height \_\_\_\_\_

Location \_\_\_\_\_

Material \_\_\_\_\_

Footings:

Dimensions L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

Material \_\_\_\_\_

Flues:

Number \_\_\_\_\_ Type of Liner \_\_\_\_\_

Size \_\_\_\_\_

Mortar:

ASTM Standard \_\_\_\_\_

Substitute \_\_\_\_\_

Firebox:

Size L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Type of Damper \_\_\_\_\_

Hearth:

Support ☐ Trimmer Arch

☐ Cantilevered Slab

Size L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Cleanout \_\_\_\_\_

Ash pit \_\_\_\_\_

Thimbles \_\_\_\_\_

Type of Heating Unit: ☐ Oil

☐ Gas

☐ Solid Fuel

☐ Combination

REMARKS:

Inspection Department Approval \_\_\_\_\_

Date \_\_\_\_\_

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR 8 <sup>th</sup> edition				FOR MUNICIPALITY USE (revised 01/20/2015)	
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING					
This Section For Official Use Only					
Building Permit Number: _____			Date Applied: _____		
Signature: _____ <div style="display: flex; justify-content: space-between;"> <span>Building Commissioner/ Inspector of Buildings</span> <span>Date</span> </div>					
<b>SECTION 1 – SITE INFORMATION</b>					
1.1 Property Address: _____ 1.1a Is this an accepted city/town street: yes ___ no ___			1.2 Assessors Map & Parcel Numbers <div style="display: flex; justify-content: space-between;"> <span>Map Number _____</span> <span>Parcel Number _____</span> </div>		
1.3 Zoning Information: <div style="display: flex; justify-content: space-between;"> <span>Zoning District _____</span> <span>Proposed Use _____</span> </div>			1.4 Property Dimensions: <div style="display: flex; justify-content: space-between;"> <span>Lot Area (sf) _____</span> <span>Frontage (ft) _____</span> </div>		
Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
50'		15'		15'	
1.7 Water Supply (M.G.L. c. 40, § 5-4) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.5 Flood Zone Information: Zone: ___ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage: Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	
<b>SECTION 2: PROPERTY OWNERSHIP/ AUTHORIZED AGENT</b>					
2.1 Owner of Record:					
Name (Print) _____		Address for Service: Street _____		City/Town _____ State _____	
Signature _____		Telephone _____		Zip Code _____	
2.1 (a) Is this a new or existing owner occupied one or two family? Yes <input type="checkbox"/> No <input type="checkbox"/> 2.1(b) Number of Units _____					
2.2 Authorized Agent:					
Name (Print) _____		Authorized Agent: Street _____		City/Town _____ State _____	
Signature _____		Telephone No. for Authorized Agent _____		Zip Code _____	
<b>SECTION 3: CONSTRUCTION SERVICES</b>					
3.1 Licensed Construction Supervisor Licensed Construction Supervisor _____ <div style="display: flex; justify-content: space-between;"> <span>Address _____</span> <span>City/Town _____</span> <span>State _____</span> <span>Zip Code _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature _____</span> <span>Telephone _____</span> </div>				License Number _____ Restriction Code _____ Expiration Date _____	
3.2 Registered Home Improvement Contractor Company Name _____ <div style="display: flex; justify-content: space-between;"> <span>Address _____</span> <span>City/Town _____</span> <span>State _____</span> <span>Zip Code _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Signature _____</span> <span>Telephone _____</span> </div>				Registration Number _____ Expiration Date _____	

<b>SECTION 4 – WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C (6))</b>			
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 ..... <input type="checkbox"/> No ..... <input type="checkbox"/>			
<b>SECTION 5 – DESCRIPTION OF PROPOSED WORK (check all applicable)</b>			
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Historic Preservation <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____
Brief Description of Proposed Work: _____ _____ _____			
TOTAL ALL FLOORS (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch) GROSS LIVING AREA (Sq. Ft.) _____ HABITABLE ROOM COUNT _____ NUMBER OF FIREPLACE _____ NUMBER OF BEDROOMS _____ NUMBER OF BATHROOMS _____ NUMBER OF HALF/BATHS _____ NUMBER OF DECKS/ PORCHES _____ ENCLOSED _____ OPEN _____ HEATING/COOLING _____ TYPE _____			
<b>SECTION 6 – ESTIMATED CONSTRUCTION COSTS</b>		<i>Note: Fees are non-refundable</i>	
Item	Estimated Costs (Dollars) to include both labor and materials.	Official Use Only ( N/I means not included)	
1. Building	\$ _____	1. Building Permit Fee: \$ _____	
2. Electrical	\$ _____	2. Electrical Permit Fee : \$ _____	
3. Gas	\$ _____	3. Gas Permit Fee: \$ _____	
4. Plumbing	\$ _____	4. Plumbing Permit Fee: \$ _____	
5. Mechanical (HVAC, Fireplace, stoves, chimney, power vent)	\$ _____	5. Mechanical Permit Fee: \$ _____	
6. Mechanical (Fire Suppression)	\$ _____	TOTAL ALL FEES: \$ _____	
7. TOTAL PROJECT COST:	\$ _____	Check Number: _____	Cash: _____
<b>Section 7a OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT</b>			
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.			
Signature of Owner _____		Date _____	
<b>SECTION 7b OWNER/AUTHORIZED AGENT DECLARATION</b>			
I, _____, as Owner/ Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.			
Print Name _____			
Signature of Owner / Agent _____		Date _____	
(Signed under the pains and penalties of perjury)			

**Owners please read before signing: OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.**





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



## FORM T TAX INFORMATION

Applicant should complete items 1 to 6. Please print.  
This form must be signed by Tax Collector

\_\_\_\_\_  
(1) Address of Property

\_\_\_\_\_  
(2) Assessors' Map #      Lot #

\_\_\_\_\_  
(3) Name of Applicant

\_\_\_\_\_  
(4) Address of Applicant

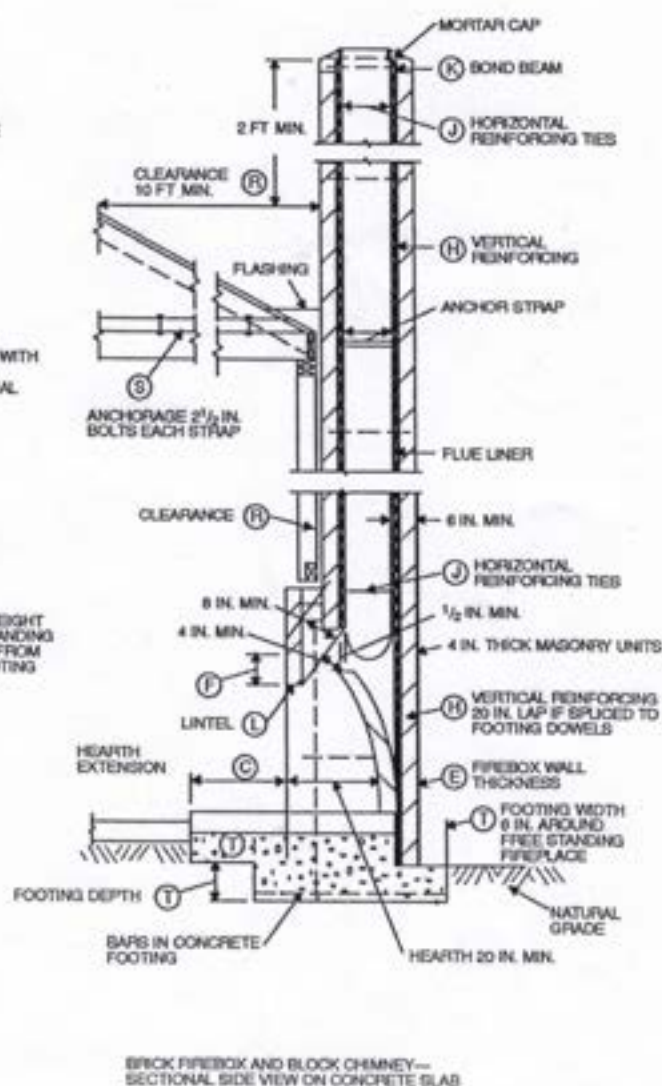
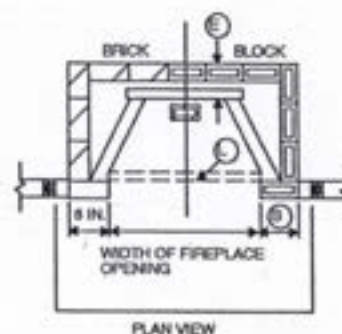
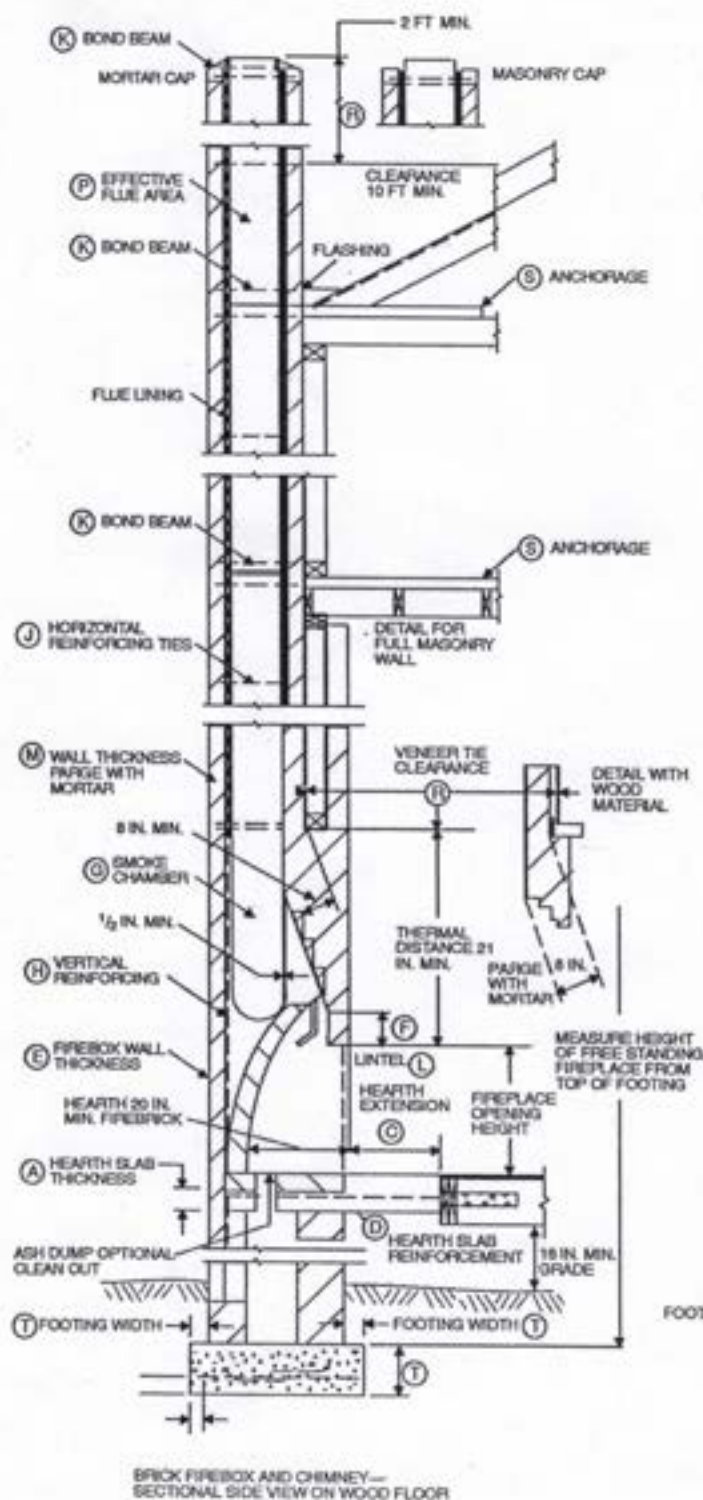
\_\_\_\_\_  
(5) Name of Owner of Property, if same as applicant write same

\_\_\_\_\_  
(6) Address of Property Owner, if same as applicant write same

\_\_\_\_\_  
I certify that the applicant listed above has No outstanding tax due the Town of Berkley for ANY property owned or jointly owned by the Applicant. I also certify that the Owner of the property listed has no outstanding tax due the Town of Berkley.

\_\_\_\_\_  
Tax Collector, Town of Berkley

\_\_\_\_\_  
Date



For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm.

FIGURE R1001.1  
FIREPLACE AND CHIMNEY DETAILS



TABLE R1001.1  
SUMMARY OF REQUIREMENTS FOR MASONRY FIREPLACES AND CHIMNEYS

ITEM	LETTER <sup>a</sup>	REQUIREMENTS
Hearth slab thickness	A	4"
Hearth extension (each side of opening)	B	8" fireplace opening < 6 square foot. 12" fireplace opening ≥ 6 square foot.
Hearth extension (front of opening)	C	16" fireplace opening < 6 square foot. 20" fireplace opening ≥ 6 square foot.
Hearth slab reinforcing	D	Reinforced to carry its own weight and all imposed loads.
Thickness of wall of firebox	E	10" solid brick or 8" where a firebrick lining is used. Joints in firebrick 1/4" maximum.
Distance from top of opening to throat	F	8"
Smoke chamber wall thickness Unlined walls	G	6" 8"
Chimney Vertical reinforcing <sup>b</sup>	H	Four No. 4 full-length bars for chimney up to 40" wide. Add two No. 4 bars for each additional 40" or fraction of width or each additional flue.
Horizontal reinforcing	J	1/4" ties at 18" and two ties at each bend in vertical steel.
Bond beams	K	No specified requirements.
Fireplace lintel	L	Noncombustible material.
Chimney walls with flue lining	M	Solid masonry units or hollow masonry units grouted solid with at least 4 inch nominal thickness.
Distances between adjacent flues	—	See Section R1003.13.
Effective flue area (based on area of fireplace opening)	P	See Section R1003.15.
Clearances: Combustible material Mantel and trim Above roof	R	See Sections R1001.11 and R1003.18. See Section R1001.11, Exception 4. 3' at roofline and 2' at 10'.
Anchorage <sup>b</sup> Strap Number Embedment into chimney Fasten to Bolts	S	3/16" × 1" Two 12" hooked around outer bar with 6" extension. 4 joists Two 1/2" diameter.
Footing Thickness Width	T	12" min. 6" each side of fireplace wall.

For SI: 1 inch = 25.4 mm, 1 foot = 304.8 mm, 1 square foot = 0.0929 m<sup>2</sup>.

Note: This table provides a summary of major requirements for the construction of masonry chimneys and fireplaces. Letter references are to Figure R1001.1, which shows examples of typical construction. This table does not cover all requirements, nor does it cover all aspects of the indicated requirements. For the actual mandatory requirements of the code, see the indicated section of text.

a. The letters refer to Figure R1001.1.

b. Not required in Seismic Design Category A, B or C.