



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

Samuel S. Wong, PhD
Director of Public Health

(508) 532-5470
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www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Septic Disposal System Construction Permit Application

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process.

Date: _____

New System

\$150.00

Repair / Replace System

\$150.00

Repair / Replace System
Components

\$25.00

Location of Facility

Address: _____ Framingham, MA 0170 _____

Map / Parcel Number: _____ Lot Number: _____

Owner Information

Name of Owner: _____

Address: _____

Phone Number: _____ Email: _____

Installer Information

Name of Company: _____

Address: _____

Phone Number: _____

Name of Installer: _____

Phone Number: _____ Email: _____

Designer Information

Name of Company: _____

Address: _____

Phone Number: _____

Name of Designer: _____

Phone Number: _____ Email: _____

Facility Information - Type of Building

Lot Size: _____ ft²
 Dwelling Number of Bedrooms: _____ Does the dwelling have a garbage grinder? Yes No

 Other - Specify: _____ Number of Persons Served: _____
Showers: Yes No Number of Showers: _____ Cafeteria: Yes No
 Other Fixtures – Specify: _____

Design Flow

Design Flow (minimum required): _____ GPM
Calculated Design Flow: _____ GPM
Design Flow Provided: _____ GPM

Plan Information

Title of Plan: _____ Number of Sheets: _____
Date of Plan: _____ Revision Date: _____
Date of Soil Evaluation: _____ Name of Soil Evaluator: _____
Soil Evaluator Form Number: _____
Description of Soil(s): _____

Brief Description of Repairs or Alterations: _____

Statement: I, _____ agree to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by the Framingham Department of Public Health. Approval of this application does not guarantee a Certificate of Compliance will be issued. Only after the system has been inspected and the as built meets the plans as submitted, a Certificate of Compliance will be issued.

Signature: _____

To obtain a permit to construct a Septic Disposal System, submit the following:

- Completed Application
- Applicable Fee stated above. Make checks payable to “**City of Framingham**”. Credit cards are not accepted at this time. **All fees are non-refundable.**
- Sketch of property including the location of all components and describe component repair or provide specification sheet for component replacement (if applicable).
- An electronic copy of the plans.

Note: Incomplete applications and **missing documents may cause a delay in the plan review process.**
All fees are non-refundable

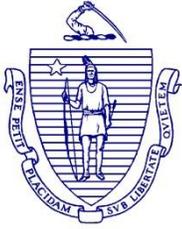
For Official Use Only

- Approves as submitted
- Approves as submitted with the following conditions: _____

- Disapproved as submitted – Reason(s): ** _____

****Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: Public Health Inspector



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: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>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]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

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 #: _____

<i>Official use only. Do not write in this area, to be completed by city or town official.</i>	
City or Town: _____	Permit/License # _____
Issuing Authority (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office	
6. Other _____	
Contact Person: _____	Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is **NOT** required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia