



TOWN OF BERKLEY

Board of Selectmen
1 North Main Street
Berkley, Ma 02779

Selectmen@BerkleyMa.us

Phone: 508-738-6057 Fax: 508-822-4603

PERMIT #: _____

DATE FILED: _____, 20____

APPLICATION FOR EARTH ALTERATION PERMIT

PLEASE PRINT

APPLICANT _____

Address _____

Telephone () _____ () _____
day evening

OWNER

Address _____

Telephone() _____ () _____
day evening

OPERATOR _____

Address _____

Telephone() _____ () _____
day evening

LOCATION OF OPERATION:

Street Address _____

Berkley Assessors Map # _____ Lot # _____

BRISTOL COUNTY NORTHERN DISTRICT REGISTRY OF DEEDS

Book # _____, Page # _____

Acreage _____

Signature of Assessor

TOTAL APPLICATION YARDAGE:

Removal (from site) _____ cu. yds.
Deposits (brought on site) + _____ cu. yds.
Physical change in existing topo + _____ cu. yds.

ALTERATION REQUESTED IN 20__ - _____ PERMIT YEAR

Removal (from site) _____ cu.yds.
Deposits (brought on site) + _____ cu. yds.
Physical change in existing topo + _____ cu. yds.

Total Alteration (cu. yds) = _____ **cu. yds.**

Total Alteration (acres) _____ **acres**

Note: *Applicant must attach yardage affidavit to this page.*

Amount of Performance Guarantee (\$10,000 per acre required) \$ _____

BONDING COMPANY

Name: _____
Address: _____
Telephone: () _____

Date: _____
Bond # _____

The Owner and Operator hereby certify under the penalties of perjury, that the above information to the best of their knowledge, is true and correct.

The Owner and Operator hereby agree to any special conditions attached to their permit and the Town of Berkley’s Soil Conservation Board Rules and Regulations and Town of Berkley’s By-laws. The Owner and Operator hereby agree to the above and any violation could/may result in action relative to the status of said permit.

Owner

Operator

Owner’s Signature

Operator’s Signature

Date

Date

_____, SS: _____, 20____

Personally appeared before me the above named _____
of _____, who executed the foregoing instrument and
acknowledged such to be his/hers/their act and deed, before me.

Notary Public

My commission expires _____

AFFIDAVIT OF INTENTION

I, (name) _____, of (address) _____
_____ have filed an application
For permit/renewal with the Town of Berkley Soil Conservation Board for permission to alter soils at
(assessors address) _____, Berkley
Massachusetts, Map# _____, Lot # _____, Bristol County Northern District Registry of
Deeds: Book _____, Page _____, with the sole purpose of intent to alter and/or
Remove soils to (state purpose) _____

In the event that at any time during the life of this permit the purpose and/or intent for alteration and/or Removal, as stated herein, is altered, amended, and/or modified, I shall notify the Board, in writing, within thirty (30) days **prior to** that change in purpose and/or intent. Upon such notification, the Board shall take any appropriate action deemed necessary by that notice of change.

I hereby certify that I understand and agree that this permit was considered under the original stated purpose and/or intent and is subject to amendment, modification, and/or revocation by any change to that original purpose and/or intent for alteration.

The owner hereby swears, under the penalties of perjury, that the above information, to the best of their knowledge, is true and correct.

The owner hereby certifies that any violation may result in action relative to the status of said permit.

COMMONWEALTH OF MASSACHUSETTS

_____ SS, _____, 20____

Personally appeared before me the above named _____
of _____, who executed the foregoing instrument and
acknowledged such to his/her/their free act and deed before me.

Notary Public

My commission expires: _____

EARTH ALTERATION YARDAGE AFFIDAVIT

Please Print

Pit Location Assessors Map # _____ Lot # _____

Address _____

OWNER _____ OPERATOR _____

Address _____ Address _____

Telephone (day) _____ Telephone (day) _____

(evening) _____ (evening) _____

I hereby estimate the total amount of earth alteration from the above location to be _____ cubic yards
segregated by category as:

_____ cu yards removed from site.

_____ cu yards brought on to the site

_____ physical change to existing topog

And said amount to be true and correct to the best of my ability to estimate.

Owners Signature

Operator Signature

Date

Date

ENGINEER: _____ Telephone (day) _____

Address _____

Engineer Signature and seal/stamp

Date

_____, SS: _____, 20____

Personally appeared before me the above named _____
of _____, who executed the foregoing instrument and
acknowledged such to be his/hers/their free act and deed, before me,

Notary Public

My commission expires _____

Attachment 'A' Standard Conditions

1. The owner shall be held responsible for compliance to all conditions of this permit.
2. Only the area of land as shown on the plan of record for this permit shall be altered.
3. No change of the configuration of the project design shall be made without approval of the Board. Any deviation from the final Plan submitted to the Board, other than those waived by the permit shall be considered a change of configuration. Upon such notice of proposed change in the configuration, the Board shall proceed in good faith to schedule a public hearing on the matter. All changes in configuration shall be shown on a plan prepared and stamped by a professional registered engineer or a registered land surveyor.
4. A copy of any approved change by modification, revision, extension date, or otherwise, to any other permit condition or plan relative thereto issued by any other government body for changes in work under their jurisdiction shall be forwarded to the S.C.B. within seven (7) days of such issue. If, in the Board's opinion, such change appears to represent deviation from the plan or purpose of intent under which this permit was issued, a public hearing shall be required.
5. The permit holder shall comply with all applicable local, state, and/or federal laws, rules and regulations, statutes, and by-laws governing any activity associated with the project work for which earth alteration is permitted herein.
6. No soil is to be brought on-site unless Board has given prior approval.
7. Boundary lines of permitted alteration area are to be marked before work begins and are to be maintained throughout the life of permit. At least two permanent benchmarks shall be maintained throughout the life of permit
8. No loam shall be removed from the site. All loam shall be scraped and stockpiled on the site and used for future site restoration. Re-graded areas shall be reseeded with an acceptable material and maintained until the grass heights have reached the two (2) inch minimum.
9. All fees or any moneys due to the Town of Berkley shall remain current during the life of the permit and/or subsequent renewals. Tax moneys shall be held in compliance to Town By-law Article 24.
10. All surety by bond or otherwise shall remain current throughout the life of permit, revocation of same, or stop work order and remain effective until such time as the Board issues a Certificate of Completion.
11. Any additional fees incurred by the Town deemed necessary by the Board in the course or reviewing said site for compliance, or otherwise, shall be the responsibility of the permit holder for reimbursement to the Town within thirty days of given notice to the permit holder.
12. Hours of operation shall be restricted to Monday-Friday, 7:00am-5:00pm.
 - No alteration shall be conducted on Saturday, Sunday, and the eleven (11) State recognized holidays. All equipment operation shall be prohibited during these times.
13. School buses have the right of way at all times.
14. Stop signs shall be placed at all exits from site, and "No Trespass" and "Danger Steep Drop Off" signs shall be installed in the appropriate places on site. All entrances to the site shall have locked gates. Four (4) foot high berms or fence shall be constructed or natural barrier such as trees or shrubs utilized to prohibit unauthorized motor vehicles from entering the property.

15. No trucks used in the soil removal operation shall assemble on public ways prior to the hours of operation.
16. Trucks exiting site shall maintain a schedule of no less than three (3) minutes between each exit.
17. The owner shall take all precautions to prevent trucks, subsequent to exiting the site, from convoying on public ways thereafter to ensure public safety, which includes, but is not limited to verbal notice.
18. The permit holder shall be responsible for dust control maintenance and/or abatement of any other nuisance, which arises from authorized alteration, work which in the Board's opinion creates a potential threat to injuriously affect the welfare of the Town, the inhabitants, or the aquifer.
19. The Board reserves the right to coordinate truck travel to and from the site with all other truck travel to and from any other permitted sites in the area in order to protect the safety of the Town, school busses, and residents in the area.
20. Trees, brush, or any other obstruction shall be removed and maintained from entrance/egress area in order to provide adequate visibility to public way from access road.
21. All public ways utilized for earth alteration operation shall be paved to minimize dust and mud. All access roads leading to public ways shall be paved for a distance of no less than one hundred fifty (150) feet back from a public way. All spillage on public ways within one thousand (1000) feet of the access road, shall be cleared by the operator on a daily basis following work hours and at any other time such debris poses a public danger. Note: The use of water as a cleaning agent is prohibited during periods of the year when icing conditions would occur causing hazardous conditions on the public ways. No alteration governed by this permit shall commence prior to access road paving.
22. A designated limit for completion of alteration is imposed on a case-by-case basis subject to annual renewal. If on the expiration date, in the Board's opinion, it appears that the operations, for which such permit was issued, have been carried on continuously and in good faith but have not been completed, and that all conditions presently applicable have been complied with, the permit may be renewed without a hearing. The expiration or revocation of the permit shall not affect the obligations of the holder thereof to comply with the conditions attached to the permit, release him or the surety of his bond from the obligations thereof, or require the return of any deposit made by him until such conditions have been complied with.
23. Upon expiration or revocation, whichever is earliest, Board Certification of Completion in compliance shall be required. Within ninety (90) days of such expiration or revocation, a complete application for such certification shall be filed. All surety by bond or any other means shall remain in effect for six (6) months after Certification or until such time as a majority of the Board certifies such completion is in compliance to conditions and is satisfied the site has been properly graded, reseeded, and ground cover is maintained to minimum height of two (2) inches for a period of not less than six (6) months. Such restoration shall be monitored, and areas in which new growth has failed to maintain acceptable limits will be required to be replanted and maintained for not less than six (6) months. No held surety or fees shall be release until such time completion has received certified approval. A final topographical survey shall be required to finalize operation fees on a closed operation and shall be filed with that application.
24. The owner shall sign on all pages of the permit. Owner shall be held responsible for work conducted by any operator, and/or subcontractor governed by this permit. Upon permit receipt, the holder thereof shall provide a copy of this permit to the operator, if other than the owner, and cause the operator to complete the Affidavit of Understanding. Such affidavit shall be returned to the Board and a copy filed with the Town Clerk within ten (10) days of the permit issue date.

25. The owner grants permission to the Board or any other member thereof to enter premises for observation or inspection purpose at any time given advance notice of the Board of at least 24 hours except when there is reason to believe that the Rules and Regulations of the Soil Conservation Board have been violated and could endanger life, property, or the environment.
26. The owner grants permission to the Board or any other member thereof and/or their representative to document findings of such on-site reviews and/or inspections by photograph, video taping, and/or any other means deemed necessary by the Board.
27. The board shall reserve the right to revise said permit with just cause under by-law if determination that revisions are necessary to protect the Town's interest.
28. In the event the permit holder cannot meet any deadlines set forth in this permit, the permit holder shall notify the Board in writing prior to said deadline and state the reasons for inability to comply. Said Board shall then place the matter on the agenda of the next available meeting and take such action as is reasonable to protect the Town's interest.
29. The permit is non-saleable and non-transferable.
30. The permit expires one year from date of issue.
31. A renewal applications shall be filed at least 30 days prior to expiration date.
32. Any violation of the conditions of this permit shall be deemed cause for revocation, stop work order, assessment of fines, legal action, calling of surety/bonding, or any combination thereof.
33. Permit is granted and subject to all rights of appeal under law.

TAX AFFIDAVIT

I/We certify under the penalties of perjury that I/we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*Signature of Individual or Corporate Name

BY: Corporate Officer (if applicable)

** Social Security # or Federal ID #

Telephone # (business/home)

.....
PLEASE PRINT

Name of Owner

Name of Applicant

I certify that (owner/applicant)_____

Of (address)_____

Town of Berkley, either personally, or in conjunction with the property to be considered for a permit

For earth alteration, this property being: Map No._____ Lot No._____

Located at (address)_____.

Date

Signature of Tax Collector, Town of Berkley

* This permit will not be issued unless this certification clause is signed by the applicant.

** Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Permittees who fail to correct their non-filing or delinquency will be subject to permit suspension or revocation. This request is made under the authority of M.G.L., Chapter 62C, Section 49A.

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I/We certify under the penalties of perjury that I/we, to the best of my/our knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

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The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

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:

- | | |
|--|---|
| <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"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>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. ‡</p> <p>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.]</p> |
|--|---|

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 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 #: _____

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 sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

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