

**TOWN OF CUMMINGTON**  
**BUILDING INSPECTION DEPARTMENT**  
Community House P.O Box 128, Cummington, MA, 01026  
(413) 634-5354 Fax: (413) 634-5568  
Inspector of Buildings: Jim Cerone 413-834-0787

Form  
**7**

**TENT APPLICATION**

Per #: \_\_\_\_\_  
Fee: \$25

**Note: This application is for Temporary Tent Structures:  
Canopies >700sq.ft. Tents with sides>400sq.ft**

*Application Date:* \_\_\_\_\_ *Assessor's Map* \_\_\_\_\_ *Lot#* \_\_\_\_\_ *Zoning Dist:* \_\_\_\_\_

*Site Address* \_\_\_\_\_

*Owner's Name:* \_\_\_\_\_ *Owner's Mailing Address* \_\_\_\_\_

*Owner's telephone #:* (H)(\_\_\_\_) \_\_\_\_\_ (W)(\_\_\_\_) \_\_\_\_\_ (Cell)(\_\_\_\_) \_\_\_\_\_

*Tent Contractor:* \_\_\_\_\_ *Address* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Cell:* \_\_\_\_\_ *E-Mail* \_\_\_\_\_

*Tent manufacturer:* \_\_\_\_\_ *Id#* \_\_\_\_\_ *Flame Resistance Certification Attached* \_\_\_\_\_

*Tent Dimensions:* Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

*Distances to property lines or buildings:* Front \_\_\_\_\_ Rear \_\_\_\_\_ Nearest Side Yard \_\_\_\_\_

*Number of Tents* \_\_\_\_\_ *Date(s) tent(s) set up from* \_\_\_\_\_ *to* \_\_\_\_\_

*For what purpose will tent(s) be used* \_\_\_\_\_ *Will tent(s) be used after dark?* \_\_\_\_\_

*Lighting Provided?* \_\_\_\_\_ *Proposed Occupant Load(number of occupants):* \_\_\_\_\_ *Side Curtains* \_\_\_\_\_

*If side curtains used, are exits designated?* \_\_\_\_\_ *Number of exits* \_\_\_\_\_ *Minimum width* \_\_\_\_\_

*Will tent have heating or cooking equipment?* \_\_\_\_\_ *Will tent have seating?* \_\_\_\_\_ *If yes, provide plan*

*Approval of Building Inspector:* \_\_\_\_\_ *Date* \_\_\_\_\_

*Explanation of work: (Be specific. For example: "Install new bath and kitchen," not "Interior Renovations")*  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR.  
**SECTION 110.5 OF THE MASS. BLDG. CODE REQUIRES EVERY APPLICATION TO BE SIGNED BY THE OWNER OF THE PROPERTY, OR, BY AN AUTHORIZED AGENT. IF IT IS SIGNED BY AN AGENT, A CONTRACT SIGNED BY THE OWNER, OR LETTER OF AUTHORIZATION, MUST ACCOMPANY THE APPLICATION.**

\_\_\_\_\_  
(Print Name of Owner or Authorized Agent)                      \_\_\_\_\_ (Signature of Owner or Authorized Agent)                      Date \_\_\_\_\_



# 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 A...every person in the service of another under any contract of hire, express or implied, oral or written.@

An *employer* is defined as Aan 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 owner of a dwelling house having not more than three apartments and who reside 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 Aevery 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 ANeither 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.@

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## 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) names(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.

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## 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 AJob Site Address@ the applicant should write Aall 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 homeowner 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.

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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](http://www.mass.gov/dia)