



TOWN OF HARWICH

BOARD OF HEALTH

732 Main Street, Harwich MA 02645

508/430-7509 Fax: 508/430-7531

Email: health@town.harwich.ma.us

FOR BOARD OF HEALTH USE ONLY

Date Rec'd: _____ Amt. _____

Pynt. Type: _____ ☐ W/C

Reviewed by initials: _____

Stable Permit Application

New* _____ *New applicants must meet with Health Director prior to application filing.	
Renewal _____ If renewal, year license was first issued: _____	
Business Name (if applicable-Commercial Stables only)	
Owner Name:	
Street Address:	Email Address:
Mailing Address (if different):	
Telephone No.:	Fax No.:
Cell Phone No.:	
If any changes have occurred since our last review, please describe: _____ _____ _____	
TYPE OF PERMIT – Fee Schedule: <input type="checkbox"/> Stable – Residential \$ 20.00 <input type="checkbox"/> Stable – Commercial \$ 50.00	
Are you a commercial or residential barn?	
Do you qualify under MA 128 1A? (Y / N)	
Lot Size (in square feet or acres):	
Map and Parcel #:	
Number of horses to be stabled:	
Stable / Barn size: _____ ft. X _____ ft.	

(REQUIRED FOR NEW PERMITS OR CHANGES TO EXISTING PERMITS ONLY)

Site Plan Requirements:

This drawing shall consist of a 'to scale' site plan of the property, no less than 1" = 30' which outlines at a minimum: lot lines; all structures clearly labeled; location of paddocks / pastures; location of fencing; water supply lines and/or wells; wetlands; manure storage facility.

(REQUIRED FOR NEW PERMITS OR CHANGES TO EXISTING PERMITS ONLY)

Stable Interior Floor Plan:

A 'to scale' drawing of the stable interior shall consist of a detailed floor plan of the stable including dimensions, window sizes, and water sources.

(REQUIRED FOR NEW PERMITS OR CHANGES TO EXISTING PERMITS ONLY)

Manure Management Plan:

In order to minimize insect / vector and odor nuisances and to eliminate sources of groundwater and wetland contamination each applicant and permit holder shall develop and follow an acceptable manure management program. The written plan shall address the following:

- ☐ What materials make up the small floors? (clay hardening, stone dust, pellets, mats, etc. list all items)
- ☐ How often are the stalls 'mucked out'?
- ☐ Where is it stored? Is it off the ground?
- ☐ How often are the paddocks 'mucked'?
- ☐ If you have a grass pasture, how often is that 'mucked'?
- ☐ What is the final disposal place for the manure?
- ☐ How often is the manure removed from the property?

The information in this application is accurate and true to the knowledge of the applicant. The manure management plan will be followed as specified. Any variation to the agreed plan must be approved by the granting authority.

To Be Read By All Applicants:

If any applicant fails to follow agreed manure management plan, the granting authority shall notify the applicant by certified mail of such non-compliance and allow thirty days from said notice to alter the application and seek approval.

After the thirty day period, the granting authority may revoke the stable permit for non-compliance and notify other agencies of such action. Applicant may be subject to fines and penalties.

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

Signature of Applicant: _____ **Date:** _____

Social Security Number or Federal ID: _____

-----**For Administrative Use**-----

Approved by: _____ Date: _____

Maximum number of horses permitted on property: _____

If denied, state reason:

Restrictions, variances, and / or other condition: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. ☐ I am a 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. ☐ 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]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*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 #: _____

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. 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 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

1 Congress Street, Suite 100
Boston, MA 02114-2017

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

Fax # 617-727-7749

www.mass.gov/dia