



Town of Fairhaven Commonwealth of Massachusetts

Kristian White
Building Commissioner

Building Department
Town Hall
40 Centre Street
Fairhaven, MA 02719
Phone 508 979 4019
kwhite@fairhaven-ma.gov

Commissioner Bulletin

June 2, 2020

Re: Restaurant Outdoor Dining/ Temporary Tent Requirements

- **Amend current alcohol license through the Fairhaven Board of Selectmen's office in accordance to chapters 83 and 204 of the Town of Fairhaven Bylaws.
- Approval required from the Board of Health
- Approval required from the Fire Department for tents over 400 sq. ft.
- Accessibility must be maintained in accordance to 521 CMR AAB
- Temporary structures and uses shall conform to the structural strength, fire safety, means of egress, accessibility, light, ventilation and sanitary requirements of 780 CMR as necessary to ensure public health, safety, and general welfare.
- Temporary tent structures in accordance to 780 CMR Massachusetts State Building Code
- Tent structures must comply with required zoning setbacks in the appropriate district
- Tents over 120 sq. ft. require a building permit and are valid for 180 days
- Electrical permit required in accordance to NEC 2020
- Parking and accessibility must not be adversely affected including shared tenant parking
- Sidewalks must maintain 3' foot clearance for accessibility purposes
- Plot plan required with proposed location of temporary tent on premises
- Floor plan layout showing proposed number of tables and chairs with total occupancy load
- Description of barriers to be used around dining area
- Tents shall require a final inspection by AHJ prior to occupancy
- Outdoor dining shall be terminated on November 1, 2020 or when the emergency declaration is rescinded, whichever is sooner.

****Restaurants which serve alcohol on the premises**



Town Hall
40 Center St
Fairhaven, Ma. 02719
Phone: (508) 979-4019
Fax: (508) 979-4079
kwhite@fairhaven-ma.gov

Town of Fairhaven
Commonwealth of Massachusetts
Building Department

TENTS, MEMBRANE, AND OTHER TEMPORARY STRUCTURES

Any tent, membrane or other temporary structure 120 square feet or greater, erected for less than 180 days and occupied by 10 or more persons must obtain a permit from the Building Department. If such structure is in excess of 400 sq. ft. you must also obtain a separate permit from the Fire Department under Section 3103.2 of the International Fire Code.

The building official will be looking for the following information with the completed application:

- a) a site plan showing the location of all proposed temporary and permanent structures on the lot including and not limited to any connection from one structure to another. All temporary power and sanitary facilities should also be identified on the site plan.
- b) must identify the size of the structure, maximum occupancy load and required egress
- c) must submit all contractor information and a copy of the Fire Rating Certificates
- d) any structure with an occupant load of 50 or more must submit with a) b) and c) above:
 - 1. an interior layout showing all aisles, tables, chairs, benches, podiums, cooking facilities
 - 2. all means of egress and exit signage (exit signage must be illuminated)
 - 3. must show a 3 foot aisle clearance around entire interior perimeter of structure

The following is a list of applicable Code sections:

The Massachusetts State Building Code 780 CMR and all amendments thereto;
2015 IBC Sections 108, Table 1017.2 Exit Access Travel Distance, Chapter 16 Structural Design, Section 1806.2, Sections 3101 through 3103, Appendix G Flood Resistant Construction
2015 IFC Sections 3101 thru 3104

If you have any questions about these requirements please call the Building Department at 508-979-4019.

SECTION 108 TEMPORARY STRUCTURES AND USES

108.1 General. The building official is authorized to issue a permit for temporary structures and temporary uses. Such permits shall be limited as to time of service, but shall not be permitted for more than 180 days. The building official is authorized to grant extensions for demonstrated cause.

108.2 Conformance. Temporary structures and uses shall conform to the structural strength, fire safety, means of egress, accessibility, light, ventilation and sanitary requirements of 780 CMR as necessary to ensure public health, safety, and general welfare.

108.3 Fire Department Review. Temporary structures and uses shall be approved by the building official in consultation with the head of the local fire department.

108.4 Termination of Approval. The building official is authorized to terminate for cause and with written notice such permit for a temporary structure or use and to order the temporary structure or use to be discontinued.

108.5 State of Emergency. Upon declaration by the governor of a state of emergency under St. 1950. c. 639, or of an emergency detrimental to the public health under M.G.L. c. 17, § 2A, a building or space within a building may be used as a temporary emergency use for purposes of housing and/or caring for persons in accordance with procedures established for such purpose as contained in 780 CMR. See also 780 CMR 31.00: *Special Construction*.

APPLICATION FOR BUILDING PERMIT



TWO (2) SETS OF PLANS MUST ACCOMPANY THIS APPLICATION

TOWN OF FAIRHAVEN

Permit No. _____

Date Issued: _____

Location _____
 Of _____
 Job _____

Zoning: _____
 Plot (s) _____
 Lot (s) _____

Applicant:	Name	Address	Phone	License #
Owner				
Contractor				
Architect				
Engineer				

Type of Improvement:

() New Bldg. () Alterations () Foundation
 () Addition () Garage () Accessory
 () Moving () Pool () Deck
 () Sign () Other - *TENT*

Proposed Use:

() Residential () Non-Residential
 No. of Dwelling Units _____
 Use Group _____

Work Description: _____

Construction Characteristics: () Masonry (Bearing) () Wood Frame () Structural Steel () Reinforced Concrete () Post and Beam () Other _____ () Foundation _____ Masonry _____ Poured	Type of Sewage Disposal: () Private () Town Type of Water Supply: () Private () Town Heating & Fuel () Gas () H.V.A.C. () Oil () Cen. Htg. () Elec. () Other	Dimensions: Building Width _____ Length _____ Height _____ Lot Frontage _____ Area _____ Parking Spaces Provided _____ Lot Coverage _____
--	--	--

	Yes	No	Building Department Use Only	Yes	No
Controlled Const.	()	()	_____	Flood Zone	() () Zone _____
Conservation Comm.	()	()	_____	Planning Board	() () _____
Health Department	()	()	_____	Fire Dept. Permit#	() () _____
Variance	()	()	_____	Special Permit	() () _____

I, the undersigned Owner, hereby apply for a Building Permit and agree to comply with the Massachusetts State Building Code and all other applicable codes and laws pertaining to the above approved project.

Owner's Signature _____ Date: _____

I, the undersigned Licensed Construction Supervisor, agree to perform and be responsible for all work approved under this application in conformance with Appendix Q of the Massachusetts State Building Code.

Contractor's Signature _____ Date: _____
 Estimated Cost: _____ Fee: _____



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 #: _____



Town of Fairhaven
Office of the Building
Department
40 Center Street
Fairhaven, Ma. 02719
Phone 508 - 979 - 4019
building@fairhaven - ma.gov

Affidavit for Disposal of Construction Debris

As a result of the provisions of Massachusetts General Laws Chapter 40 Section 54. I acknowledge that as a condition of Building Permit # _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law Chapter 111 Section 150A.

I certify that I will notify the Building Official by _____
(Two months maximum) of the location of the solid waste disposal facility where the debris resulting from said construction activity shall be disposed of, I shall submit appropriate form for attachment to the Building Permit.

Date

Signature of Applicant

In accordance with the provisions of Massachusetts General Laws Chapter 40 Section 54 a condition of Building Permit # _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law Chapter 111 Section 150A

The debris will be disposed of in :

Location of Facility



Town of Fairhaven

Tax Collector

40 Center Street

Fairhaven, Ma. 02719

Tax Collector Certification of Tax Status

(Authorized by Special Town Meeting May 06, 1995 and MGL Chapter 40 S57)

**MUST BE FILLED OUT COMPLETELY BY APPLICANT
OR WILL NOT BE PROCESSED BY THE TAX COLLECTOR'S OFFICE**

Requesting Department _____

Name of Applicant _____

REAL ESTATE TAX

Assessed Owner _____

Real Estate Property Address _____

Assessors Map _____ Lot _____

PERSONAL PROPERTY TAX

Name of Business (if applicable) _____

Assessed Owner _____

Business Address _____

The above property address and applicant have been compared to our tax records and, as of this date the applicant does not have any outstanding tax liability to the Town

Tax Collector or Representative _____ Date _____

