



City of  
**GREENFIELD, MASSACHUSETTS**

**Department of Inspections and Enforcement**

Roxann D. Wedegartner  
Mayor

Mark A. Snow  
Inspector of Buildings

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**APPLICATION TO CONSTRUCT, ERECT, REPAIR OR RENOVATE A SHED GREATER THAN 200 SQUARE FEET OF FLOOR AREA SIGN, TENT, OR FENCE GREATER THAN 6 FEET IN HEIGHT**

**This Section For Official Use Only**

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Commissioner/Inspector of Buildings

**SECTION 1 - SITE INFORMATION**

1.1 Property Address: _____	1.2 Assessors Map & Parcel Number: Map # _____ Parcel # _____
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**1.3 Setbacks (ft) For Sheds and Free standing signs**

FRONT YARD		SIDE YARDS		REAR YARD	
Required	Provided	Required	Provided	Required	Provided

**SECTION 2 - ZONING/PLANNING**

2.1 Sewage Disposal ( ) ( ) On site Public	2.2 Zoning District _____ Zoning Permit Not Required ( ) Required ( ) ZBA# _____
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**SECTION 3 - DESCRIPTION OF PROPOSED WORK (check all applicable)**

3.1 Shed	Front Yard [ ] Side/ Rear yard [ ] Peak height from grade _____ Dimensions: _____ ft (wide) x _____ ft (long)
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3.2 Tents (30 days or less)	Dimensions: _____ (L) x _____ (W) x _____ (H) Fire Rating _____ hrs Dates: From _____ to _____
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3.3 Signs	Wording on Sign _____
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3.4 Temporary Sign(s)	Attached to building [ ] Free Standing [ ] Other (specify) _____ Dates: From _____ To _____
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3.5 Permanent Sign(s)	Free Standing [ ] Height from grade _____ Dimensions: _____ ft x _____ ft Attached to Building [ ] Dimensions: _____ ft x _____ ft Attached to Building [ ] Dimensions: _____ ft x _____ ft
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3.6 Fence	Front Yard Height _____ Style: _____ Side & Rear Yards: Height _____ Style: _____
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**SECTION 4- COSTS & FEES**

**4.1 FEES FOR SIGNS, SHEDS, & TENTS**

ITEM	Fee each Item	# OF ITEMS	FEE SUB-TOTAL
A. Tent	\$50.00 1 <sup>st</sup> tent + \$20.00 ea 2-5 same location \$15.00 ea 6 + tents		
B. Sign(s)	1-25 sq feet \$40.00 26-50 sq feet \$50.00 Above 50 sq feet-\$50.00 plus \$1.00 per sq.ft>50		
C. Shed(s)	\$30.00 plus \$10.00 per \$1000 of cost		

**SECTION 5 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, # 25C (6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached: Yes ..... No.....

**SECTION 6 - PROPERTY OWNERSHIP**

Owner of Record: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name (Please Print) Telephone #

Current Address (Please Print) Town State Zip Code

**SECTION 6.1 - AUTHORIZED AGENT - To be completed when installer is not acting as owner's agent**

Authorized Agent: \_\_\_\_\_  
Name (Please Print) Signature

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Title (Please Print) Telephone #

Current Address (Please Print) Town State Zip Code

**SECTION 7 - CONTRACTOR OR INSTALLATION SERVICES**

\_\_\_\_\_  
Name (Please Print)

Not Required  
[ ]

\_\_\_\_\_  
Company Name (Please Print)

License Number

\_\_\_\_\_  
Address (Please Print)

\_\_\_\_\_  
Signature Telephone #

Expiration Date

**SECTION 8 - OWNER AUTHORIZATION - To Be Completed When Owners' Agent, Contractor or Installer Applies For Building Permit**

I, \_\_\_\_\_ as Owner of the subject Property hereby  
(Please Print)  
authorize \_\_\_\_\_ to act on my behalf, in all matters  
(Please Print Contractor's Name)  
relative to work authorized by this building permit application.

\_\_\_\_\_  
Signature of Owner Date: \_\_\_\_\_

**SECTION 9 - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)**

I, \_\_\_\_\_, as Installer/Owner/Authorized Agent  
(Please Print) (Circle One)  
hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief.

***Signed under the pains and penalties of perjury***

\_\_\_\_\_  
Signature of Installer/Owner/Agent Date \_\_\_\_\_



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 attached 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 #: \_\_\_\_\_