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 # ______

1.3 Setbacks (ft) For Sheds and Free standing signs

<table>
<thead>
<tr>
<th>FRONT YARD</th>
<th>SIDE YARDS</th>
<th>REAR YARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Provided</td>
</tr>
</tbody>
</table>

SECTION 2 - ZONING/PLANNING

2.1 Sewage Disposal
( ) On site
( ) Public

2.2 Zoning District
Not Required ( ) Required ( )
Zoning Permit

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)

3.2 Tents (30 days or less)

Dimensions: ________ (L) x ________ (W) x ________ (H)
Fire Rating ______ hrs
Dates: From ______ to ______

3.3 Signs

Wording on Sign

3.4 Temporary Sign(s)

Attached to building [ ] Free Standing [ ]
Other (specify) ______
Dates: From ______ To ______

3.5 Permanent Sign(s)

Free Standing [ ] Height from grade
Dimensions: ________ ft x ________ ft
Attached to Building [ ] Dimensions: ________ ft x ________ ft

3.6 Fence

Front Yard Height ________ Style:
Side & Rear Yards: Height ________ Style:
### SECTION 4 - COSTS & FEES

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

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

### 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

Not Required [ ]

License Number ____________________________

Expiration Date ____________________________

Name (Please Print) ____________________________

Company Name (Please Print) ____________________________

Address (Please Print) ____________________________

Signature ____________________________ Telephone # ____________________________
## 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 authorize ____________________________________________ to act on my behalf, in all matters relative to work authorized by this building permit application.

<table>
<thead>
<tr>
<th>Signature of Owner</th>
<th>Date</th>
</tr>
</thead>
</table>

## 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*

<table>
<thead>
<tr>
<th>Signature of Installer/Owner/Agent</th>
<th>Date</th>
</tr>
</thead>
</table>
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

Name (Business/Organization/Individual): ____________________________________________

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. 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):


6. Other __________________________________

Contact Person: ____________________ Phone #: ________________________________