

Zone \_\_\_\_\_ Building Official \_\_\_\_\_ Permit # \_\_\_\_\_

---

\*Applicant Not To Fill In Spaces Above This Line\*

**APPLICATION FOR PERMIT TO ERECT A SIGN**

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

**Installer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Location:**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

Distance of Sign From: Street Line \_\_\_\_\_ Left Lot Line \_\_\_\_\_

Right Lot Line \_\_\_\_\_ Rear Lot Line \_\_\_\_\_

**Sign Information:**

Type of Sign: Temporary Ground Wall Projecting Other \_\_\_\_\_

Size: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ Projection \_\_\_\_\_

Location of Sign: \_\_\_\_\_

Description of Sign: \_\_\_\_\_

Illuminated, Flashing or Moving: Y / N Explain: \_\_\_\_\_

Cost of Sign: \_\_\_\_\_

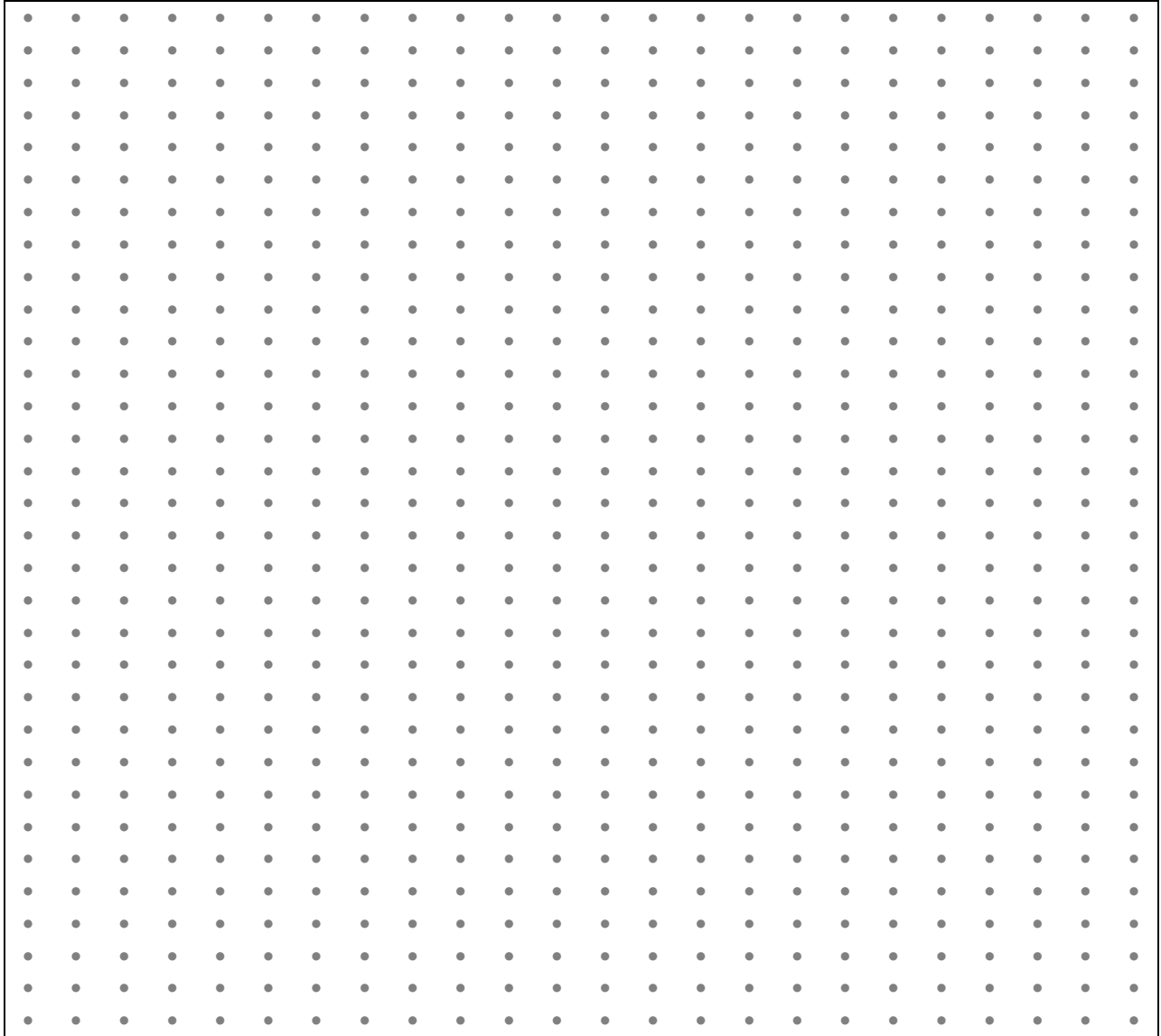
Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLOT PLAN ON NEXT PAGE NEEDED WITH APPLICATION**

# Plot Plan

*Show all structures on lot existing or proposed*



**Front Property Line**

**Please indicate setbacks for all proposed work**



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 Lafayette City Center  
 2 Avenue de Lafayette, Boston, MA 02111-1750  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**  
**Applicant Information** **Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>Are you an employer? Check the appropriate box:</b> 1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).* 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †		4. <input type="checkbox"/> 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. ‡ 5. <input type="checkbox"/> 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.]	<b>Type of project (required):</b> 6. <input type="checkbox"/> New construction 7. <input type="checkbox"/> Remodeling 8. <input type="checkbox"/> Demolition 9. <input type="checkbox"/> Building addition 10. <input type="checkbox"/> Electrical repairs or additions 11. <input type="checkbox"/> Plumbing repairs or additions 12. <input type="checkbox"/> Roof repairs 13. <input type="checkbox"/> 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 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 (check one):  
 1.  Board of Health 2.  Building Department 3.  City/Town Clerk 4.  Electrical Inspector 5.  Plumbing Inspector 6.  Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_