

For Office Use Only

Permit No.: _____ Time/Date Stamp: _____
Receipt No.: _____
Fee Paid: \$ _____
Date Issued: _____

Building Official Signature



City of Fitchburg
Building Department
166 Boulder Drive
Fitchburg, MA 01420
Phone: 978-829-1880
Fax: 978-829-1963

APPLICATION FOR PERMIT TO PLACE OR MAINTAIN A SIGN OR OTHER ADVERTISING DEVICE OR MARQUEE THAT DOES NOT EXTEND INTO OR OVER A PUBLIC WAY MORE THAN TWELVE (12) INCHES

Note to applicant: separate permit applications and fees are required for *each* sign to be installed

SITE INFORMATION:

Property Address: _____ Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: _____ Block: _____ Lot: _____ Number Dwelling Units: _____

- Zoning District:
- | | | |
|--|--|---|
| <input type="checkbox"/> RA-1, Residential | <input type="checkbox"/> RR, Rural Residential | <input type="checkbox"/> LI, Light Industrial |
| <input type="checkbox"/> RA-2, Residential | <input type="checkbox"/> NBD, Neighborhood Business District | <input type="checkbox"/> I, Industrial |
| <input type="checkbox"/> RB, Residential | <input type="checkbox"/> CBD, Central Business District | <input type="checkbox"/> Medical Service |
| <input type="checkbox"/> RC, Residential | <input type="checkbox"/> C&A, Commercial & Automotive | <input type="checkbox"/> Fitch. State College |

Proposed Use: _____

You may look up Parcel IDs and Zoning Districts at: <http://fitchburgma.gov/government/departments/assessors/assessormain.cfm>

DESCRIPTION OF PROPOSED WORK:

Kind of Sign:

- Marquee
- Wall Sign
- Projecting Wall Sign
- Canopy Sign (on rigid structure)
- Awning Sign (on fabric structure)
- Roof Sign
- Freestanding Sign*
- Other: _____
- Temporary Sign:
 - Banner
 - Free Standing Sign
 - Off-Premises Sign

Will sign be illuminated? Yes No
 Will sign obstruct a fire escape, window or door? Yes No
 Lower edge will be _____ feet _____ inches above the public way.
 Upper edge will be _____ feet _____ inches above the public way.
 Height of face of sign: _____ feet _____ inches
 Width of face of sign: _____ feet _____ inches
 Face area: _____ square feet
 Inner edge will be _____ feet _____ inches from the building or pole.
 Outer edge will be _____ feet _____ inches from the building or pole.
 Face of building or pole is _____ feet _____ inches back from street line.
 Sign will project _____ feet _____ inches beyond the street line.
 Sign will extend _____ feet _____ inches above the building or pole.
 Material of sign frame: _____
 Material of sign face: _____
 Weight of sign: _____

*A Registered Plot Plan prepared by a surveyor showing all *freestanding* signs must accompany this application.

All applications shall include scaled drawings of the proposed sign, colors, dimensions, method of installation or support, method of illumination, and a diagram showing the proposed building, sign location, and labeled distances from line of street and line of adjoining property.

Sign, marquee, or other advertising device must not extend over a public way more than 12 inches, must not extend over a street at all, and must comply with Section 181.53 of the General Ordinances of Fitchburg, as amended.

Brief Description of Proposed Work or Additional Information:

ESTIMATED CONSTRUCTION COSTS:

Cost of sign and all related construction materials, electrical work (requires separate permit and licensed electrician), and labor: \$ _____ Permit Fee: \$ _____

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 issuance of building permit. **Signed Affidavit Attached:** Yes No

CONSTRUCTION SERVICES:

Sign Manufacturer:

Name: _____
Phone Number: _____
Mailing Address: _____

Sign Erector:

Name: _____
Phone Number: _____
Mailing Address: _____

Construction Supervisor License Number: _____
Exp: _____

Electrical Contractor:

Must apply for separate electrical permit
Name: _____
Phone Number: _____
Mailing Address: _____

Licensed Construction Supervisor Signature

License No.: _____

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record: _____
Phone Number: _____
Mailing Address: _____

Authorized Agent: _____
Phone Number: _____
Mailing Address: _____

OWNER AUTHORIZATION: Complete this section if owner's agent or contractor 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.

Owner Signature Date

OWNER/AUTHORIZED AGENT DECLARATION:

Applicant agrees to abide by the rules and regulations of the Building, Wiring, Gas, and Plumbing Inspectors, Board of Health, Board of Zoning Appeals, City Council, DPW, Fire Department, and all applicable City of Fitchburg Ordinances. No changes or alteration permitted unless revised plans are submitted and approved.

I, _____, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name Signature of 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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>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.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> 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.</p> <p>5. <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. ‡</p> <p>6. <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.]</p>	<p>Type of project (required):</p> <p>7. <input type="checkbox"/> New construction</p> <p>8. <input type="checkbox"/> Remodeling</p> <p>9. <input type="checkbox"/> Demolition</p> <p>10. <input type="checkbox"/> Building addition</p> <p>11. <input type="checkbox"/> Electrical repairs or additions</p> <p>12. <input type="checkbox"/> Plumbing repairs or additions</p> <p>13. <input type="checkbox"/> Roof repairs</p> <p>14. <input type="checkbox"/> Other _____</p>
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*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 #: _____

<p>Official use only. Do not write in this area, to be completed by city or town official.</p>	
<p>City or Town: _____</p>	<p>Permit/License # _____</p>
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector 6. Other _____</p>	
<p>Contact Person: _____</p>	<p>Phone #: _____</p>

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 sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

Revised 02-23-15

www.mass.gov/dia



City of Fitchburg

OFFICE OF THE TREASURER

**166 Boulder Drive
Fitchburg, MA 01420**

**Anne M. Cervantes
Treasurer/Collector**

Date: _____

Name: _____

Parcel ID: _____

Address: _____

CERTIFICATE OF TAX COMPLIANCE

This document signed by the Treasurer certifies that as of the above date, that the above named Applicant is in compliance and in good standing with its tax obligations and fees payable under City code, including real estate, personal property and water and sewer fees and is not a delinquent taxpayer (longer than 12 months outstanding). This Certificate is issued in compliance with Part II, Article 3, Chapter 120, Section 22, Subsection (C) as amended by City Council. This Certificate is required for all original applications and renewal applications for any license or permit, other than those referred to in Section 120-24, and issued by any Department, Officer, Board, or Commission of the City but not limited to Building Permits, Zoning Board Appeals Applicants, Planning Board Applications, and Special Permits.

Very truly yours,

Anne M. Cervantes
Treasurer/Collector
City of Fitchburg