

Application to Construct, Repair, Renovate or Demolish a Sign

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

SECTION 1 - Site Information:

1.1 Property Address: <input style="width: 95%; height: 20px;" type="text"/>	1.2 Assessors Map, Block, Number: <input style="width: 95%; height: 20px;" type="text"/>	1.3 Zoning District: <input style="width: 95%; height: 20px;" type="text"/>
1.4 Property Dimensions: Area: <input style="width: 40px;" type="text"/> Frontage: <input style="width: 40px;" type="text"/> Front: <input style="width: 40px;" type="text"/> Rear: <input style="width: 40px;" type="text"/> Right: <input style="width: 40px;" type="text"/> Left: <input style="width: 40px;" type="text"/> % Lot Coverage: <input style="width: 40px;" type="text"/>	1.5 Building Setbacks: Front: <input style="width: 40px;" type="text"/> Rear: <input style="width: 40px;" type="text"/> Side: <input style="width: 40px;" type="text"/>	
1.6 Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	1.7 Sewage Disposal System: <input type="checkbox"/> Municipal <input type="checkbox"/> On Site Disposal System	1.8 Flood Zone: <input style="width: 40px;" type="text"/> Flood Zone Map: <input style="width: 40px;" type="text"/>

SECTION 2 - Property Ownership/Authorized Agent:

2.1 Owner of Record: <input style="width: 95%; height: 20px;" type="text"/> Name (print) <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <hr/> <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <hr/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <hr/> Signature <input style="width: 150px;" type="text"/> Date <input style="width: 100px;" type="text"/>	2.2 Authorized Agent: <input style="width: 95%; height: 20px;" type="text"/> Name (print) <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <hr/> <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <hr/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <hr/> Signature <input style="width: 150px;" type="text"/> Date <input style="width: 100px;" type="text"/>
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SECTION 3 - Construction Services:

3.1 Licensed Construction Supervisor: <input style="width: 95%; height: 20px;" type="text"/> License Number <input style="width: 150px;" type="text"/> Expiration Date <input style="width: 100px;" type="text"/> <hr/> <input style="width: 95%; height: 20px;" type="text"/> Name (print) <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <hr/> <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <hr/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <hr/> Signature <input style="width: 150px;" type="text"/> Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Not Applicable	3.2 Registered Home Improvement Contractor: <input style="width: 95%; height: 20px;" type="text"/> License Number <input style="width: 150px;" type="text"/> Expiration Date <input style="width: 100px;" type="text"/> <hr/> <input style="width: 95%; height: 20px;" type="text"/> Name (print) <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 1 <hr/> <input style="width: 95%; height: 20px;" type="text"/> Address Line 2 <hr/> <input style="width: 95%; height: 20px;" type="text"/> City, State, ZIP <hr/> Telephone <input style="width: 150px;" type="text"/> Fax <input style="width: 100px;" type="text"/> <hr/> Signature <input style="width: 150px;" type="text"/> Date <input style="width: 100px;" type="text"/> <input type="checkbox"/> Not Applicable
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SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(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 5 - Description of Proposed Work (check all applicable):

- New Construction Addition Other (specify) _____
 Existing Building Accessory Building Demolition
 Alteration(s) Repair(s)

Remarks:

Proposed Use:

SECTION 6 - Sign Detail:

Sign Type:	Sign Width:	Sign Height:	Sign Area:	Hgt Above Ground:	Sign Material:	Structure Material:	Distance From Street:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sign Use:	Text Description:						<input type="checkbox"/> Conforms to Building Code
<input type="text"/>	<input type="text"/>						<input type="checkbox"/> Conforms to Zoning
							<input type="checkbox"/> Copy of By-Laws

SECTION 7 - Estimated Construction Costs:

Building:	Electrical:	Plumbing:	Mechanical:	Fire Protect:	Total Cost:	For Official Use Only:	Permit Fee:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:

I, _____, as Owner of the above subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit.

Signature: _____ Date: _____

SECTION 9 - Owner/Authorized Agent Declaration:

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.

Signature of Owner/Agent: _____ Date: _____

SECTION 10 - Approval Status: (For Official Use Only.)

Application Date:	Status Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Remarks: <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pending <input type="checkbox"/> Abandoned	
Permit Number:	<input type="text"/>	<input type="checkbox"/> In Part <input type="checkbox"/> Voided	
<input type="text"/>			
Print Inspector Name:	Signature of Inspector:		Date: