



TOWN OF SALISBURY, MA
BUILDING DEPARTMENT

APPLICATION to ERECT a SIGN

Salisbury Bylaws, Chapter 214 'Signs' - No sign shall be erected, altered or relocated without a permit issued by the Building Inspector, except as otherwise provided herein.

SITE INFORMATION & DATES

Property Address: _____

Name of Business: _____

Map : _____ **Lot :** _____ **Zoning :** _____
(Assessing Dept. can provide map & lot information)

OWNER & APPLICANT INFORMATION

Property Owner: _____
name phone email

Address: _____
#/street Town/City State Zip

Applicant/Lessee: _____
name phone email

Address: _____
#/street Town/City State Zip

SIGN CONTRACTOR/INSTALLER INFO

Company: _____ **Email:** _____

Contact: _____ **Phone #** _____

Address: _____
#/street Town/City State Zip

*Contractor/Installer **must** fill out/provide Worker's Compensation Affidavit & Certificate*

SIGN INFORMATION

SIGN TYPE

ON/OFF PREMISES :

Size _____ sf. _____
% of Wall Size _____ %
(where applicable)

Does this/these Signs comply with the Bylaw requirements?

DOCUMENT REQUIREMENTS (to be submitted with application)

- Provide a Site Plan showing location of Sign on Property
- Provide a Color Copy of the Signs with Dimensions
- Provide Details on Signage Connections to Wall/Pylon/ other.

SIGNOFFS REQUIRED (required prior to submittal of application)

- Assessor _____
- Tax Collector _____
- Conservation (for new signs embedded in the ground) _____

OWNER/APPLICANT AFFIDAVIT

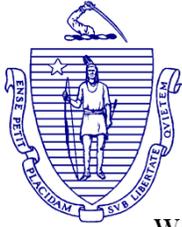
I, the undersigned, hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge.

Applicant: _____ ***Date:*** _____
(signature)

Property Owner: _____ ***Date:*** _____
(signature)

Approval _____ ***Date:*** _____
Salisbury Building Inspector

FEES : Commercial Signs = \$100 ea, Residential Signs = \$75 ea



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Applicant must
 Fill Out all Boxes

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.]

Check One

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 #: _____ Applicant MUST Sign & Date

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 #: _____