



Town of Middleton

Office of the Inspector of Buildings

195 North Main Street, Middleton, Massachusetts 01949

978-777-2850 FAX 978-774-0718

APPLICATION TO ERECT A SIGN

THIS SECTION FOR OFFICIAL USE ONLY-PERMIT FEE _____

Building Permit Number: _____ Date Issued: _____

SECTION 1.0 – SITE INFORMATION – PLEASE PRINT

Property Address: _____

Map: _____ Lot: _____ Zoning District: _____

Name of Business: _____

SECTION 2.0 – OWNER INFORMATION

Owner of Record:

Owner – Name (Print) _____

Address _____

Signature of Owner _____

Telephone _____

SECTION 3.0 – LESSEE INFORMATION

Lessee:

Lessee – Name (Print) _____

Address _____

Signature of Lessee _____

Telephone _____

SECTION 4.0-SIGN INFORMATION-PERMANENT

Wall (projecting): Wall (Flat): Ground: Window:

Project: Off-Premises: Directional: Free-Standing:

Projection from Buildings: _____ Projection over Sidewalk: **

Length: _____ Height _____ Area (Sq. Ft.): _____

Materials Constructed of: _____ Cost: \$ _____

Total Height above Ground: _____ How Illuminated: _____

How Supported: _____

Street Setbacks: _____ Side Setbacks: _____ Rear Setbacks: _____

Board Appeals Approval Date: _____ D.P.W. Approval Date: _____

SECTION 5.0-SIGN INFORMATION-TEMPORARY

Banner: A-Frame: Other:

Wall (projecting): Wall (Flat): Ground: Window:

Project: Off-Premises: Directional: Free-Standing:

Projection from Buildings: _____ Projection over Sidewalk: **

Length: _____ Height _____ Area (Sq. Ft.): _____

Materials Constructed of: _____ Cost: \$ _____

Total Height above Ground: _____ How Illuminated: _____

How Supported: _____

Street Setbacks: _____ Side Setbacks: _____ Rear Setbacks: _____

Dates to be used: _____ From: _____ To: _____

Board Appeals Approval Date: _____ D.P.W. Approval Date: _____



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SECTION 6.0 – SIGN CONTRACTOR/INSTALLER INFORMATION

Company Name: _____
Contact Person: _____
Address: _____ City: _____
Zip: _____ Phone: _____ Cell: _____
Insurance Company: _____
Policy #: _____ Expiration Date: _____
(Provide a "Certificate of Insurance" with the Town of Middleton listed as a Certificate Holder)

SECTION 7.0 – OWNER OR AUTHORIZED AGENT/CONTRACTOR DECLARATION

I, _____, as (check one) <input type="checkbox"/> - Owner <input type="checkbox"/> – Authorized Agent/Contractor, for the property owner, hereby declare the statements and information on the foregoing application are true and accurate to the best of my knowledge and belief. Signature _____ Date _____
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SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

****A Bond is required for signs which project over sidewalks.**

NOTE: Building Plans must be stamped and signed by an Architect/Engineer



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THIS FORM MUST BE BROUGHT FOR SIGN-OFFS TO:

TREASURER/TAX COLLECTIONS OFFICE, 48 SOUTH MAIN STREET

MIDDLETON ELECTRIC LIGHT, 197 NORTH MAIN STREET

DATE: _____

TO: Inspectional Services

FROM: Town Treasurer, M.E.L.D.

RE: Confirmation that all taxes and electric utilities are current

As requested, please be advised of the tax status of the property listed below:

Property Owner: _____

Property Address: _____

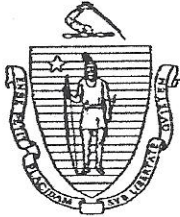
OFFICE USE ONLY

_____ Taxes are current on the property.

_____ Excise Tax on this customer is current.

_____ Electric is current on this property.

Other:



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 #: _____

<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 general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>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.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <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 their workers' comp. policy information.

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 (circle one):	
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector	
6. Other _____	
Contact Person: _____	Phone #: _____