

# Inspections/Enforcement Unit

TOWN Of GREENFIELD, MASSACHUSETTS

Town Hall, Greenfield, Mass, 01301 Phone (413) 772-1404 Fax 772-2238



## APPLICATION TO CONSTRUCT, ERECT, REPAIR OR RENOVATE A SHED, SIGN, OR TENT

<b>This Section For Official Use Only</b>			
Building Permit Number: _____		Date Issued: _____	
Signature: _____		Date: _____	
Building Commissioner/Inspector of Buildings			
<b>SECTION 1 - SITE INFORMATION</b>			
1.1 Property Address: _____		1.2 Assessors Map & Parcel Number: _____	
		Map # _____	Parcel # _____
1.5 Setbacks (ft) for Sheds, and Free standing signs			
<b>FRONT YARD</b>		<b>SIDE YARDS</b>	
Required	Provided	Required	Provided
Required		Provided	
<b>SECTION 2 - ZONING/PLANNING</b>			
2.1 Sewage Disposal { } On site      Public		2.1 Zoning District _____	2.2 Zoning permit Not Required [ ] Required [ ] ZBA# _____
<b>SECTION 3 - DESCRIPTION OF PROPOSED WORK (check all applicable)</b>			
3.1 Shed	Front Yard [ ] Side/ Rear yard [ ] Peak height from grade _____		
	Dimensions: _____ ft (wide) x _____ ft (long)		
3.2 Tents(30days or less)	Dimensions: _____ (L) x _____ (w) x _____ (h)		
	Fire rating _____ hrs		
	Dates: From _____ To _____		
3.3 Signs	Wording on sign _____		
3.4 Temporary Sign(s)	Attached to Building [ ] Free Standing [ ] Other(specify) _____ Dates: From _____ To _____		
3.5 Permanent Sign(s)	Free Standing [ ] Height from grade _____ Dimensions: _____ ft x _____ ft Attached to Building [ ] Dimensions: _____ ft x _____ ft Attached to Building [ ] Dimensions: _____ ft x _____ ft		
<b>SECTION 4 - COSTS &amp; FEES</b>			
<b>4.1 FEES FOR SIGNS, SHEDS, &amp; TENTS</b>			
<b>Item</b>	<b>Fee Each Item</b>	<b># of Items</b>	<b>FEE SUB-TOTAL</b>
a. Tent	\$50.00 1 <sup>st</sup> tent + \$20.00 ea 2-5 same location \$15.00 ea 6+ tents		
b. Sign(s)	1-25 sq feet \$40.00 26-50 sq feet \$50.00 above 50 sq feet - \$50.00 plus \$1.00 per sq. ft > 50		
c. Shed(s)	30.00 plus \$10.00 per \$1,000 of cost		
<b>4.2 TOTAL FEE (a+b+c)</b>		<b>RECEIPT #:</b>	<b>CHECK #:</b>

**SECTION 5 - 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 the issuance of the building permit.

Signed Affidavit Attached: Yes ..... No.....

**SECTION 6 - PROPERTY OWNERSHIP**

**Owner of Record:** \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name (Please Print) Telephone #

Current Address (Please Print) Town State Zip Code

**SECTION 6.1 - AUTHORIZED AGENT - To be completed when installer is not acting as owner's agent**

**Authorized Agent:** \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print) Signature

\_\_\_\_\_  
Title (Please Print) Telephone #

Current Address (Please Print) Town State Zip Code

**SECTION 7 - CONTRACTOR OR INSTALLATION SERVICES**

**CONTRACTOR OR INSTALLER:**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Company Name (Please Print)

\_\_\_\_\_  
Address (Please Print)

\_\_\_\_\_  
Signature Telephone #

Not Required [ ]

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Expiration Date

**SECTION 8 - OWNER AUTHORIZATION - To Be Completed When Owners' Agent, Contractor or Installer Applies For Building Permit**

I, \_\_\_\_\_ as Owner of the subject Property hereby  
(Please Print)  
authorize \_\_\_\_\_ to act on my behalf, in all matters  
(Please Print Contractor's Name)  
relative to work authorized by this building permit application.

\_\_\_\_\_  
Signature of Owner Date:

**SECTION 9 - CONTRACTOR/INSTALLER DECLARATION (owner/agent signs if installer is not specified)**

I, \_\_\_\_\_, as **Installer/Owner/Authorized Agent**  
(Please Print) (Circle One)  
hereby declare that the statements and information on the forgoing application are true and accurate, to the best of my knowledge and belief.

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Signature of Installer/Owner/Agent Date

