

TOWN OF GREAT BARRINGTON APPLICATION FOR REAL ESTATE SIGN LICENSE

| FEE: <u>\$50.00</u> | DATE: | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|
| LICENSE NUMBER: | | |
| TO THE LICENSING AUTHORIT | <u>Y:</u> | |
| The undersigned hereby applies for a Real Estate Sign License in accordance with the provisions relating thereto: | | |
| APPLICANTS NAME: | | |
| BUSINESS NAME: | | |
| BUSINESS MAILING ADDRESS: | | |
| BUSINESS ADDRESS: | | |
| BUSINESS TELEPHONE: | | |
| HOME TELEPHONE: | | |
| This license is for all signs necessary pertaining to the sale of real estate in Great Barrington as per Town Sign Bylaw Chp.146-5 (10). | | |
| Pursuant to M.G.L. Ch. 62C, Sec. 49A. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law. | | |
| Signature of Individual or Corporate | by:Corporate Officer (if applicable) | |
| SS# | or FID# | |

do not exceed two square feet in aggregate area per premises are allowed in all districts. The sign may include identification of an on-premises professional office or customary home occupation allowed by this Bylaw.

- 10. Real Estate Signs. One "For Sale," "For Rent" or "For Lease" sign is allowed per premises in any district. Such sign shall not exceed eight square feet in area per premises in a nonresidential district or six square feet in area per premises in a residential district and shall advertise for sale or for rent only the premises upon which the sign is located. The sign shall be removed promptly when the advertised sale or rental is concluded. Such signs shall be set back at least three feet from the street line or 10 feet from the traveled way, whichever is greater. Real estate sales agencies shall obtain an annual license from the Board of Selectmen, in accordance with the Board's Policies and Procedures, for the erection of real estate signs which shall advertise only properties which they have for sale or lease or rent.
- 11. Signs Exempted by Law. Signs described in G.L. c. 93, Section 32, are allowed in all districts.
- 12. *Temporary Signs in Residential Districts*. Temporary signs not to exceed eight square feet in aggregate area are allowed in residential districts. They shall not be posted for more than 30 continuous days.
- 13. Temporary Window Signs in Business and Industrial Districts Only. Temporary window signs are allowed in business and industrial districts.
- 14. *Vending Machine Signs*. Permanent signs on vending machines, gas pumps, ice containers or similar devices indicating only the contents of such devices and prices of the merchandise are allowed in business and industrial districts only.
- 15. Works of Art. Works of art that do not include a commercial message are allowed in all districts.
- 146-6. Signs Allowed in Specified Districts Requiring a Permit from the Building Inspector, But with No Payment of a Fee. The following signs are allowed in all districts (except as noted) with a permit from the Building Inspector, with no fee or posting of a bond required, provided that the sign meets all other requirements of this Bylaw.
 - 1. Banners. Banners may be hung along the wall of a building or they may span a public way. Banners shall have a maximum square footage equal to four times the width of the vehicular traveled way over which they are suspended, or, in the event they are hung on a building facade, they shall not exceed 200 square feet in area. They shall be removed within five business days of the date on which the event they are advertising is concluded. A maximum of two banners per event shall be permitted. Banners suspended over public property or any street must also obtain a permit from the Board of Selectmen as required under the general bylaws of the town, and shall post a bond in accordance herewith. Banners shall be allowed only in business and industrial districts.



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: General Businesses

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Business/Organization Name: | Please Print Legibly | |
| Address | | |
| City/State/Zip: | Phone #: | |
| Are you an employer? Check the appropriate box: 1. | Business Type (required): 5. Retail 6. Restaurant/Bar/Eating Establishment 7. Office and/or Sales (incl. real estate, auto, etc.) 8. Non-profit 9. Entertainment 10. Manufacturing 11. Health Care 12. Other r workers' compensation policy information. employees, a workers' compensation policy is required and such an mace for my employees. Below is the policy information. | |
| roncy # or Seir-ins. Lic. # | | |
| Failure to secure coverage as required under Section 25A of MGL c. fine up to \$1,500.00 and/or one-year imprisonment, as well as civil p of up to \$250.00 a day against the violator. Be advised that a copy o Investigations of the DIA for insurance coverage verification. I do hereby certify, under the pains and penalties of perjury that the | age (showing the policy number and expiration date). 152 can lead to the imposition of criminal penalties of a senalties in the form of a STOP WORK ORDER and a fine of this statement may be forwarded to the Office of | |
| Signature: | Date: | |
| Phone #: | | |
| Official use only. Do not write in this area, to be completed by ci | | |
| City or Town: | Authority (circle one): | |
| Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 6. Other | 4. Licensing Board 5. Selectmen's Office | |
| Contact Person: | Phone #: | |
| www mace navid | | |

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 your insurance company's name, address and phone number along with a certificate 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). 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not he sitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
617-727-4900 ext 406 or 1-877-MASS

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE Fax # 617-727-7749 www.mass.gov/dia