



KIMBERLEY DRISCOLL
MAYOR

CITY OF SALEM

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

98 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
TEL: 978 619-5685 ♦ FAX: 978-740-0404

CITY OF SALEM SIGN PERMIT PROCESS

All exterior signs, awnings, and interior signs that can be seen from the exterior are **required to have a City of Salem Sign Permit before a sign can be fabricated and installed.**

Please be aware that in some areas of the city, review by a governing board must take place before a City permit can be issued. These areas include the Urban Renewal Area (governed by the Salem Redevelopment Authority) and Local Historic Districts (governed by the Salem Historic Commission).

Please note that it takes roughly three weeks to receive a sign permit and in areas governed by a review board it may take longer.

Before any sign application can be reviewed, the following material must be submitted with the application:

- Scaled Drawing of Sign (including dimensions)
- Color Scheme
- Letter Style (font)
- Letter Size
- Method of Attachment
- Method of Lighting
- Building Frontage (width of building on public way)
- Photograph of Building (current conditions)
- Photograph of Building (with proposed signage)

The Building Inspector may require additional pertinent information to insure compliance with the City of Salem Sign Ordinance and any other applicable laws.

Sign Application Fees

There is a twenty-dollar (\$20) minimum permit fee for each application. If the estimated cost of fabrication and installation is \$2,000 or more, a fee of \$10 per \$1,000 plus a \$5 application fee will be charged. For example, a \$12,000 sign project would have a \$125 fee.

Proof of Workers Compensation Insurance

Applicants must provide a Workers Compensation Insurance Affidavit from their sign erector that includes workers compensation insurance information.

Electrical Permit

A licensed electrician must install any sign with ancillary lighting and sign boxes must be UL listed. An Electrical Permit must be obtained from the City of Salem Electrical Department, 48 Lafayette Street, and be **submitted with the sign application before a sign permit will be issued.**

Surety Bonds for Signs or Awnings Hung over a Public Way

Any sign or awning hung over a public way or sidewalk shall require a surety bond in the sum of one thousand dollars (\$1,000.00) conditioned to save harmless the City from any claims. This bond must be placed on file in the City Clerk's office. A copy of such bond must be submitted with the sign application before a sign permit will be issued. **Contact your insurance provider to obtain the surety bond.**

Liability Insurance for Portable (A-Frame) Signs

Proof of adequate liability insurance with a minimum limit of \$1,000,000.00 for each occurrence must be provided to the City Clerk and remain in effect for as long as the portable sign is used. The portable sign must be indicated as being included in the liability coverage. The City, and in the Urban Renewal Areas, the Salem Redevelopment Authority, must be listed as additional insured(s). A copy of the insurance certificate must be submitted with the sign application before a sign permit will be issued.



APPLICATION FOR PERMIT TO ERECT A SIGN

NOTE: BUILDING PERMIT MUST BE OBTAINED BEFORE SIGN IS ERECTED
 Location, Ownership and Detail Must Be Correct, Complete, and Legible

Salem, Massachusetts _____
 Date

To the Building Inspector:

The undersigned hereby applies for a permit to **Erect**, **Alter**, **Repair** a sign on the following described buildings:

Street Address		Zoning	District	
			<input type="checkbox"/> Urban Renewal Area <input type="checkbox"/> Entrance Corridor <input type="checkbox"/> Historic District <input type="checkbox"/> None	
Property Owner: Name		Use of Building		
Telephone		1 st floor		
Sign Owner: Name		2 nd floor		
Address		3 rd floor		
Telephone		4 th floor		
E-mail		How many businesses are in the building?		
<i>If a corporate body, name of responsible officer</i>		Frontage		
Sign Erector: Name		Building	linear feet	
Construction Sup's License No		Applicant's Space (if multi-tenant)	linear feet	
Address		Property	linear feet	
Telephone		Mail Sign Permit to		
E-mail		<input type="checkbox"/> Sign Owner <input type="checkbox"/> Sign Erector <input type="checkbox"/> Other:		

Proposed Signs (If more than three signs are proposed, attach additional sheets)

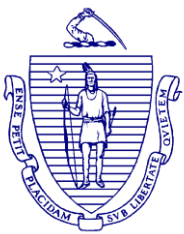
Sign 1	Sign 2	Sign 3
<input type="checkbox"/> Surface <input type="checkbox"/> Right Angle to Building <input type="checkbox"/> Free Standing <input type="checkbox"/> Awning <input type="checkbox"/> Portable (A-Frame) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Surface <input type="checkbox"/> Right Angle to Building <input type="checkbox"/> Free Standing <input type="checkbox"/> Awning <input type="checkbox"/> Portable (A-Frame) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Surface <input type="checkbox"/> Right Angle to Building <input type="checkbox"/> Free Standing <input type="checkbox"/> Awning <input type="checkbox"/> Portable (A-Frame) <input type="checkbox"/> Other (specify) _____
Sign Materials	Sign Materials	Sign Materials
Sign Dimensions	Sign Dimensions	Sign Dimensions
Sign Area sq ft	Sign Area sq ft	Sign Area sq ft
Sign Height (if free standing)	Sign Height (if free standing)	Sign Height (if free standing)

Estimated Cost of Net Work
 \$

Existing Signs			Signatures	
Type	Sign Area	To Be Removed?		
<input type="checkbox"/> Surface	_____ sq ft	<input type="checkbox"/> yes <input type="checkbox"/> no	Sign Owner	
<input type="checkbox"/> Right Angle to Building	_____ sq ft	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	
<input type="checkbox"/> Free Standing	_____ sq ft	<input type="checkbox"/> yes <input type="checkbox"/> no	Sign Owner's Authorized Representative	
<input type="checkbox"/> Awning	_____ sq ft	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	
<input type="checkbox"/> Other (specify) _____	_____ sq ft	<input type="checkbox"/> yes <input type="checkbox"/> no	Property Owner	

Internal Review	
_____ Planning & Community Development Department	_____ Historical Commission

Approval
_____ Building Inspector



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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 #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> I am an 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 employees and 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> |
|--|--|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. 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 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 #: _____

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 sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." 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 hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia