



The Commonwealth of Massachusetts
 State Board of Building Regulations and
 Standards
 Massachusetts State Building Code
 780 CMR

Town of Becket
 557 Main Street
 Becket, MA 01223
 (413) 623-8934 ext. 14
 Fax (413) 623-6036

APPLICATION FOR A PERMIT TO ERECT SIGNS	
This Section for Official Use Only	
Date Received _____	Date Issued _____
Signature _____ Building Commissioner / Inspector of Buildings	Edition of Code used _____

SECTION 1 - SITE INFORMATION																			
1.1 Property Address _____ _____ 1.3 Zoning Information Zoning District _____ Proposed Use _____ 1.5 Building Setbacks (Ft) <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Required</th> <th style="width: 25%;">Front Yard</th> <th style="width: 25%;">Provided</th> <th style="width: 25%;">Side Yards</th> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;"> </td> <td style="text-align: center;">20</td> <td style="text-align: center;">/ 20</td> </tr> </table>		Required	Front Yard	Provided	Side Yards	40		20	/ 20	1.2 Assessors Map & Parcel Number Map Number _____ Parcel Number _____ 1.4 Property Dimensions Lot Area (Sq. Ft.) _____ Frontage _____ <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Required</th> <th style="width: 25%;">Rear Yard</th> <th style="width: 25%;">Provided</th> <th style="width: 25%;">Side Yards</th> </tr> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;"> </td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>		Required	Rear Yard	Provided	Side Yards	20		/	/
Required	Front Yard	Provided	Side Yards																
40		20	/ 20																
Required	Rear Yard	Provided	Side Yards																
20		/	/																
1.6 Water Supply (M.G.L.c.40 § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		1.7 Flood Zone Information Zone: _____ Outside Flood Zone <input type="checkbox"/>																	
1.8 Sewage Disposal System Municipal <input type="checkbox"/> On Site Disposal System <input type="checkbox"/>																			

SECTION 2 - PROPERTY OWNERSHIP/ AUTHORIZED AGENT	
2.1 Owner of Record:	
Name (Print) _____	Address for Service _____
Signature _____	Telephone Number _____
2.2 Authorized Agent	
Name (Print) _____	Address for Service _____
Signature _____	Telephone Number _____

SECTION 3 - CONSTRUCTION SERVICES	
3.1 Licensed Construction Supervisor	
Licensed Construction Supervisor _____	Not Applicable <input type="checkbox"/>
Address _____	License Number _____
Signature _____	Expiration Date _____
	Telephone Number _____
3.2 Registered Home Improvement Contractor	
Company Name _____	Not Applicable <input type="checkbox"/>
Address _____	Registration Number _____
Signature _____	Expiration Date _____
	Telephone Number _____

SECTION 4 - WORKER'S 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 5 - DESCRIPTION OF PROPOSED WORK (Check all applicable)

New Construction Existing Building Repair(s) Alteration(s) Addition
Accessory Bldg. Demolition Other Specify:
Brief Description of Proposed Work:

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only
1. Building	_____	Building Permit Fee Multiplier _____
2. Electrical	_____	Building Permit Fee _____
3. Plumbing	_____	Check Number _____
4. Mechanical (HVAC)	_____	
5. Fire Protection	_____	
6. Total (1 + 2 + 3 + 4 + 5)	_____	

SECTION 7A - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR PERMIT

I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7B - OWNER / AUTHORIZED AGENT DECLARATION

I, _____, as Owner / Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Print Name

Signature of Owner

Date

SECTION 8 - TOWN COLLECTOR

Pursuant to Massachusetts General Laws, Chapter 40, Section 57, (8/1/94) which provides for the denial, revocation, or suspension of local licenses and permits to any person, corporation, or business enterprise who has neglected or refused to pay any local taxes, fees, assessments betterments, or any other municipal charges:

You May Proceed

You May Not Proceed

with the application for the attached license or permit.

Town Collector

Town Collector

Date issued _____



Town of Becket
Office of the Building Inspector
557 Main Street
Becket, Massachusetts 01223
Phone (413) 623-8798 ext. 14 FAX (413) 623-6036

APPLICATION FOR PERMIT TO ERECT SIGNS (PART 2)

Date Requested: _____

Fee: \$ _____

Permission is hereby requested to erect a sign at

Name: _____

Location of Sign: _____

Map: _____

Lot: _____

Description of Sign

Dimensions of Sign Board and Supports

Length _____ Width _____ Height _____

Colors: Background _____

Colors: Letter _____

Letter Height _____

This sign is to be installed in accordance with the application on file with the building department subject to the provisions of the Commonwealth of Massachusetts Statutes and the By-Laws of the Town of Becket.

Signature of Applicant _____