

## Town of Ludlow Sign Permit

### **Requirements:**

- Fill out Sign Permit Application
- Verify that your Zoning allows signs to be erected- Table 4 Zoning Bylaw
- Any Sign over eighteen (18) by twenty-four (24) shall require a building permit 6.5.8
- Photo of sign you are applying for
- Plot plan of where sign is being placed
- If freestanding, sign can not extend more than twelve (12) feet above ground level. 6.5.5
- No sign can extend or project more than six (6) feet above the eaves line or parapet of any building which it is attached. 6.5.5
- No part of the sign can be located closer than ten (10) feet to the property line within the front yard setback. 6.5.5
- Sign cannot interfere with line of sight for traffic. 6.5.5
- If affixed to, suspended from or incorporated as part of the building, a sign cannot project more than twenty-four (24) Inches over or into any building. 6.5.5
- **Permit Fee Required Is:**  
Illuminated Signs-\$100.00 –(also requires a separate electrical permit)  
Non-Illuminated Signs-\$75.00
- **Signs that are prohibited-** 6.5.4
  - any in excess of 100 square feet in area 6.5.4
  - Signs that constitute a hazard to pedestrian or vehicular traffic

# TOWN OF LUDLOW

## SIGN PERMIT APPLICATION

Date: \_\_\_\_\_

Company Name or Owner \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Sign Location Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Nearest Intersection \_\_\_\_\_

Square Ft. Area of Proposed Sign(s) \_\_\_\_\_ Single or Double Face \_\_\_\_\_

Free Standing: Yes ☐ No ☐ Attached to Building: Yes ☐ No ☐

If Free Standing: Height Above Ground Level to top of sign: \_\_\_\_\_

Projection, if any \_\_\_\_\_ (must comply with Zoning Bylaw 6.5.5)

If Attached to Building: Does sign project over pedestrian or vehicular way \_\_\_\_\_ How much \_\_\_\_\_

Set Back from Property Line \_\_\_\_\_ Distance to nearest Side Line: \_\_\_\_\_

Distance to top of sign above vertical wall: \_\_\_\_\_ Illuminated \_\_\_\_\_ Non-Illuminated \_\_\_\_\_

Is Proposed Sign: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ If temporary, # of days \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_

**ATTACH A SKETCH OF THE PROPOSED SIGN INDICATING COLOR, SIZE, SUPPORTS, ETC.**

Total # of Existing Signs \_\_\_\_\_ Total square ft. area of Existing Signs \_\_\_\_\_

Total # of Proposed & Existing Signs \_\_\_\_\_ Total square ft. area of Proposed & Existing Signs \_\_\_\_\_

**THE SIGN WILL BE ERECTED WITHIN THE CONFINES OF THE ZONING BYLAW.**

**Sign Company & Address** \_\_\_\_\_

**Applicant:** (print) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Estimated Cost of the sign:** \_\_\_\_\_

\_\_\_\_\_  
Planning Dept. Approval

**This is to certify that a permit is hereby granted to erect a sign at the above location.**

\_\_\_\_\_  
Building Commissioner/Zoning Enforcement Officer

\_\_\_\_\_  
Date Issued

Revised 3/5/14



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ 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.‡
6. ☐ 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.]

**Type of project (required):**

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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 attach 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 MGL c. 152, §25A is a criminal violation punishable by 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. 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
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](http://www.mass.gov/dia)