

## GUIDE TO SIGN AND AWNING PERMITS

Pursuant to Sections 12-15 and 12-16 of the Somerville Code of Ordinances, a permit must be obtained before placing a sign, awning, or advertising device over a public way. Once obtained, the permit will remain in effect as long as the bond or insurance requirements are kept current, unless the permit is revoked by the Board of Aldermen. The Permit is non-transferable. The permit must be obtained by the owner of the sign, awning, or advertising device, *not* the installer. The fee is \$250.00.

Complete this Application for a Permit as instructed below.

1. Fill in all information requested on the Application. Complete and sign the REAP Attestation. Fill in the top half of the Certificate of Good Standing. Fill in and sign the State Dept. of Industrial Accidents Workers Compensation Insurance Affidavit.
2. Attach a sketch of the sign, awning or advertising device.
3. Contact the Inspectional Services Department to arrange an inspection and a sign-off on the Application at 617 625-6600 x5600, Franey Road (Department of Public Works), during the following hours: Mon–Fri, 8:00 AM – 4:00 PM.
4. Obtain insurance OR a bond as follows:  
*Either* obtain a Certificate of Insurance showing the City of Somerville as an Additional Insured on the owner’s business insurance, *or* obtain a Bond for Signs and Awnings using the City’s bond form in this packet. For the bond, make sure all information is filled in:
  - The bond #
  - Your name and address
  - The name of the surety
  - A description of the sign, awning, or advertising device
  - The address of the sign, awning, or advertising device
  - The date of signature
  - Your signature, together with the signature of a witness
  - The surety’s signature, together with the signature of a witness
  - Attach a Power of Attorney letter showing that whoever signs for the surety has the authority to do so, and, if you are a corporation, attach a Certificate of Corporate Authority showing that whoever signs for the corporation has the authority to do so.
5. Obtain a sign-off on the Certificate of Good Standing from the City Treasurer (City Hall, 93 Highland Avenue, 617 625-6600 x3500), to confirm that all taxes and fees have been paid, during the following hours: Mon–Wed 8:30AM–4:00PM, Thu 8:30AM-7:00PM, Fri 8:30AM-12:00PM.
6. Submit the application and the fee to the City Clerk’s Office (City Hall, 93 Highland Avenue, 617 625-6600 x4100). The City Clerk will forward it to the Board of Aldermen for consideration. The Board usually meets on the 2<sup>nd</sup> and 4<sup>th</sup> Thursday of the month. Following Board approval, the Mayor has up to ten days to sign off on the application, before the license can be issued.

# APPLICATION FOR A SIGN OR AWNING OVER A PUBLIC WAY

Application Fee \$250.00

Date \_\_\_\_\_

FOR CITY CLERK'S OFFICE ONLY
Date Recorded _____
Amount Paid _____

New Sign, Awning or Advertising Device

New Facing on an Existing Frame

Renewing Existing Sign, Awning or Advertising Device Permit for a New Owner

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business DBA Name (if applicable): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Check one:  SSN  FEIN

Mailing Name (where we should send correspondence to): \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business (Check one):  Sole Proprietor  Partnership (inc. LLP)  Trust  
 Corporation (inc. LLC)  Other \_\_\_\_\_

## IF A SOLE PROPRIETOR:

Owner's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

## IF A PARTNERSHIP, TRUST OR CORPORATION (Attach additional sheets as needed):

Partner's/Member's/President's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Secretary's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Partner's/Member's/Treasurer's Name: \_\_\_\_\_

Address with Zip Code: \_\_\_\_\_

Name of company erecting sign: \_\_\_\_\_

Phone: \_\_\_\_\_

Detailed description and location of the sign, awning, or advertising device. Attach a sketch. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **ACKNOWLEDGEMENT**

I hereby state that all information provided on this application is true and accurate, and I understand that any information that is found to be false or misleading may result in the forfeiture of this permit. This permit will be subject to all of the terms, conditions, and limitations set forth in the Somerville Code of Ordinances, any applicable State and Federal laws, and any conditions prescribed by the City of Somerville.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **INSPECTIONAL SERVICES DEPARTMENT RECOMMENDATION:**

The Inspectional Services Department recommends: \_\_\_\_\_ Approval \_\_\_\_\_ Denial

This sign or awning is to be installed in a historic district: \_\_\_\_\_ True \_\_\_\_\_ False

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

### **HISTORIC PRESERVATION COMMISSION RECOMMENDATION:**

**(only required for signs or awnings in historic districts)**

The Historic Preservation Commission recommends \_\_\_\_\_ Approval \_\_\_\_\_ Denial

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

**MASSACHUSETTS DEPARTMENT OF REVENUE  
REVENUE ENFORCEMENT AND PROTECTION (REAP)  
ATTESTATION**

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.

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\*Signature of Individual or Corporate Name (Mandatory)

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By: Corporate Officer (Mandatory, if a corporation)

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\*\*Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: \_\_\_\_\_

Address of taxpayer/applicant's business in Somerville: \_\_\_\_\_

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: \_\_\_\_\_ evening: \_\_\_\_\_

I, (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**, this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_.

(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

**DATE OF ISSUANCE:** \_\_\_\_\_ **INCLUDES RELEVANT POSTINGS THROUGH:** \_\_\_\_\_

**TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:**

Real Estate                       Water/Sewer                       Personal Property                       Other: \_\_\_\_\_

# \_\_\_\_\_                      # \_\_\_\_\_                      # \_\_\_\_\_                      # \_\_\_\_\_

**NOTES:**

**CLERK'S INITIALS:** \_\_\_\_\_

**ORIGINAL STAMP:**

**The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
600 Washington Street  
Boston, Mass. 02111**

**Workers' Compensation Insurance Affidavit - General Businesses**

**Applicant information:**

Name: \_\_\_\_\_

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

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

- |  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am an employer with _____ employees (full and/or part time).  | <b>Business Type:</b> | <input type="checkbox"/> Retail  |
| <input type="checkbox"/> I am a sole proprietor or partnership and have no employees.  |                       | <input type="checkbox"/> Restaurant/Bar/Eating Establishment           |
| <input type="checkbox"/> We are a corporation that has exercised our right of exemption per c152 s1(4), and have no employees. |                       | <input type="checkbox"/> Office and/or Sales (real estate, auto, etc.) |
| <input type="checkbox"/> We are a nonprofit organization staffed by volunteers and have no employees.                          |                       | <input type="checkbox"/> Nonprofit                                     |
|  |                       | <input type="checkbox"/> Entertainment                                 |
|  |                       | <input type="checkbox"/> Manufacturing                                 |
|  |                       | <input type="checkbox"/> Health Care                                   |
|  |                       | <input type="checkbox"/> Other _____                                   |

**Workers' compensation insurance information (if applicable):**

Insurance Company Name: \_\_\_\_\_

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

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

Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Applicant certification:**

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

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

Print Name: \_\_\_\_\_

**Official use only. Do not write in this area. To be completed by city or town official.**

City or Town: _____	Permit/License #: _____	<input type="checkbox"/> Board of Health
		<input type="checkbox"/> Building Department
		<input type="checkbox"/> City/Town Clerk
		<input type="checkbox"/> Licensing Board
		<input type="checkbox"/> Selectmen's Office
		<input type="checkbox"/> Other _____

# Bond for Signs and Awnings

Bond # \_\_\_\_\_

## **Know all Men by these Presents,**

That we, (name and address) \_\_\_\_\_,  
in the Commonwealth of Massachusetts, as Principal, and (name) \_\_\_\_\_  
as Surety, are held and firmly bound unto the City of Somerville, a municipal corporation within said Commonwealth, in the  
sum of Five Thousand Dollars, to be paid to the said City, its successors or assigns, for which payment to be well and truly  
made, we bind ourselves and each of us, our heirs, executors, administrators, successors, and assigns, jointly and severally,  
firmly by these presents.

Whereas the said Principal has this day been granted a permit for permission to place or keep a sign, awning or advertising  
device by the Board of Aldermen of said City, according to the provisions of certain ordinances of said City relating to signs  
and awnings over public ways, and whereas a bond is required for permission to the Principal to place or keep a sign, awning  
or advertising device of the following description: \_\_\_\_\_

at the following address: \_\_\_\_\_.

Now, therefore, the condition of this obligation is such that if the said Principal shall indemnify and save harmless said City  
from all loss, damage, expense and claims arising directly or indirectly out of said permission or out of the acts of said  
Principal, our servants and agents, or otherwise, in connection with said permission, then this obligation shall be void;  
otherwise it shall remain in full force and virtue.

In witness whereof we hereunto set our hands and seals this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the presence of:

For the Principal (Affix Seal and Attach Certificate of Corporate Authority):

Signature \_\_\_\_\_

Witness \_\_\_\_\_

For the Surety (Affix Seal and Attach Power of Attorney):

Signature \_\_\_\_\_

Witness \_\_\_\_\_

# CERTIFICATE OF CORPORATE AUTHORITY

I, \_\_\_\_\_, Clerk of  
Name of Clerk or Secretary  
\_\_\_\_\_ hereby certify that,  
Name of Corporation  
at a meeting of the Board of Directors of said Corporation duly held on the \_\_\_\_\_ day of  
Date  
\_\_\_\_\_, \_\_\_\_\_, at which a quorum was present and voting throughout, the following  
Month      Year  
vote was duly passed and is now in full force and effect:

VOTED: That \_\_\_\_\_ be and  
Name of Officer authorized to sign for the Corporation  
hereby is authorized, directed and empowered, in the name and on behalf of this Corporation, to  
sign, seal with the corporate seal, execute, acknowledge and deliver all contracts, bonds and  
other obligations of the Corporation, the execution of any such contract, bond or obligation by  
such \_\_\_\_\_ to be valid  
Name of Officer authorized to sign for the Corporation  
and binding upon this Corporation for all purposes. This vote remains in full force and effect,  
and  
has not been altered, amended or revoked by a subsequent vote of such directors.

I further certify that \_\_\_\_\_  
Name of Officer authorized to sign for the Corporation  
is the duly elected \_\_\_\_\_ of said Corporation.  
Title

Signed \_\_\_\_\_  
Clerk or Secretary

Place of Business \_\_\_\_\_

Date \_\_\_\_\_

**AFFIX CORPORATE SEAL HERE**

In the event that the Clerk or Secretary is the same person as the Officer authorized to  
sign that contract, bond or other instrument for the Corporation, this certificate must be counter-  
signed by another Officer of the Corporation.

Countersigned \_\_\_\_\_

Name & Title of Countersigning Officer \_\_\_\_\_