Guide to Doing Business in PEABODY

2014

Edward A. Bettencourt, Jr. Mayor

City of Peabody, Massachusetts

CITY OF PEABODY

24 LOWELL STREET
PEABODY, MA 01960

P. 978-538-5700
F. 978-538-5980

FROM MAYOR EDWARD A. BETTENCOURT, JR.

Welcome to Peabody. We value your business and want to do everything we can to help you succeed. This *Guide to Doing Business in Peabody* is designed to answer your questions and help walk you through the permitting process so you can spend more time running your business and less time at City Hall.

With our premium location at the nexus of Route 128, Interstate 95 and U.S. Route 1, Peabody provides easy access for employers and employees. We are proud to be home to Centennial Park - one of the North Shore's premier business parks and global headquarters of world-class organizations such as Analogic, Weston & Sampson and Boston Children's at Peabody.

Peabody's North Shore Mall offers its guests an upscale shopping atmosphere with a generous variety of over 120 specialty stores. Main Street has a growing commercial sector of its own with small businesses specializing in Information Technology, banking and insurance, the performing arts, sports, fitness and medicine, and more.

Our Business Liaison Julie Daigle stands ready to assist you. For more than 15 years, Julie has been helping local businesses to flourish in Peabody. As your advocate in City Hall, Julie will connect you with appropriate staff members or department heads and provide valuable guidance relative to all zoning and permitting related issues. Julie is also the go-to person for terrific networking opportunities within our tight knit business community.

In Peabody, we share pride in our industrial past as a center of New England's leather industry - as well as in the progress we have made driving the region's economy in the 21st century. By partnering with businesses like yours, the possibilities and opportunities are endless. Here's to your success!

Warmest regards,

Edward A. Bettencourt, Jr.,
Mayor, City Of Peabody

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

City of Peabody
Department of Community Development and Planning
City Hall • 24 Lowell Street • Peabody, Massachusetts 01960 • Tel. 978-538-5706 • Fax 978-538-5987

FROM THE BUSINESS LIAISON

Dear Peabody Business Owner:

As Peabody's Business Liaison, it is my job to help your company succeed. I will work with you to help ease the permitting process, promote your business to potential customers and network with other business owners. I will also be a steady source of news and information about events and technology which can help you thrive in today's marketplace.

Whether yours is a startup, a growing mid-size company or a Main Street "mom-and-pop" store, this *Guide to Doing Business in Peabody* is designed to help you get ahead. In addition to relevant permit applications, the Guide includes a handy overview of municipal government, complete with an explanation of how each department or board can help meet your unique business needs.

Please contact me at 978.538.5775 or via email at Julie.Daigle@peabody-ma.gov. I look forward to the opportunity to meet with you in person to learn more about your company. Good luck and thank you for doing business in Peabody!

All the best,

Julie Daigle

Julie Daigle
Business Liaison, City of Peabody

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

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For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

City of Peabody-Useful Contact Information

Peabody City Hall, 24 Lowell Street, Peabody Massachusetts 01960

www.peabody-ma.gov

Hours of Operation

Monday-Wednesday 8:30 a.m. – 4:00 p.m.

Thursday 8:30 a.m. – 7:00 p.m.

Friday 8:30 a.m. – 12:30 p.m.

Office of Mayor Edward A. Bettencourt, Jr. 978.538.5700
Mayor@peabody-ma.gov

Business Liaison, Julie Daigle 978.538.5775
Julie.Daigle@peabody-ma.gov

Building Inspector's Office 978.538.5786
Linda.Lavoie@peabody-ma.gov

City Clerk's Office 978.538.5756
Tim.Spanos@peabody-ma.gov

Conservation Commission 978.538.5782
Lucia.DelNegro@peabody-ma.gov

Health and Human Services Department 978.538.5926
Debora.Osgood@peabody-ma.gov

Liquor Licensing Board 978.538.5717
LiquorLicensing@peabody-ma.gov

Planning Board 978.538.5793
Tessa.Marc-Aurele@peabody-ma.gov

Zoning Board of Appeals 978.538.5792
Grace.Augulewicz@peabody-ma.gov

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Outside of City Hall:

Fire Department, 47 Lowell Street 978.531.2200
www.peabodyfire.org Dianne.Marchese@peabody-ma.gov
Department of Public Services, 50 Farm Avenue 978.536.0600, ext. 0
Tanya.Capistran@peabody-ma.gov

Peabody Municipal Light Plant, 201 Warren Street Extension 978.531.5975
www.pmlp.com JSantoro@pmlp.com

Other Resources:

Peabody Area Chamber of Commerce 978.531.0384
www.PeabodyChamber.com
Enterprise Center at Salem State University 978.542.7528
www.enterprisectr.org
The Official Website of the Commonwealth of Massachusetts
www.mass.gov/portal/business/
Mass Development
www.massdevelopment.com
Massachusetts Export Center
www.mass.gov/export/
Massachusetts Small Business Development Center 978.542.6343
www.salemstate.edu/sbdc
North Shore Chamber of Commerce
www.northshorechamber.org
U.S. Small Business Administration
www.sba.gov

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Getting Started

Five Things Every Successful Business Should Do:

1. **Confirm Proper Zoning and Obtain Certificate of Occupancy-** This can be done through the Building Department. See "Building Inspectors" Section for details (single family home/owner occupied offices are exempt). Please consult the City of Peabody Zoning Ordinance on the City's website: www.peabody-ma.gov for detailed information.

2. **Register Business**-The State of Massachusetts requires that every business obtain a certificate to register business. This process starts in the Building Department (Inspectional Services) and upon approval Business Certificate will be issued through the City Clerk.

3. **Create a Business Plan**-Every business should research, organize and prepare an outline that includes financing, projected revenues and expenses, business structure (sole proprietor, partnership, corporation, etc.) and marketing strategies. Depending on the type of business you may want to consult an attorney, accountant and insurance agent. The Massachusetts Small Business Development Center offers free business counseling. Contact the Northeast Regional Office at 978.542.6343.

4. **Understand & Comply with Tax Regulations-Obtain a Federal Tax or Employee Identification Number (EIN) and Register with the Department of Revenue**-For tax purposes you need to obtain an identification number from the Internal Revenue Service (IRS): http://www.irs.gov/
Then register with the Department of Revenue (DOR): https://wfb.dor.state.ma.us/webfile/Business/Public/WebForms/Login/Login.aspx

5. **Obtain Necessary Permits**-Types of Permits issued by the City of Peabody are listed by departments in the next section.

Licensing and Permitting Information by Department:

Office of Building Inspectors (Inspectional Services)

978.538.5786

The Building Department is responsible for ensuring the safety of buildings in Peabody.

These responsibilities include:

- Supervision and enforcement of all provisions of the Massachusetts State Building Code and any other State statutes
- Supervision and enforcement of all provisions of the City of Peabody Zoning Ordinance 2013 and as amended
- Receipt and processing of permit applications and inspection of the premises for which permits have been issued and enforce compliance with the provisions of the applicable code.

This office administers the following permits:

- Building*, (p. 27)
- Electrical, (p. 34)
- Plumbing (p. 36), Gas (p. 37)
- Occupancy
- Certificate of Inspection
- Sheet Metal (required for any kind of HVAC work) (p. 38)
- Sign (& Banner) Permit (p. 40) (Minimum commercial fee is $100)
- Business Certificate sign off** (p. 42)
- Information on permit fees (p. 43)

Please note:

*A receipt is needed from the Fire Department in order to obtain a Commercial Building Permit.

**Business Certificate is ultimately issued by the City Clerk after a Building Inspector has issued a sign off slip.

Office of Building Inspectors (Inspectional Services) (Continued)

978.538.5786

EVERY BUSINESS will need to contact this office when locating to or expanding in Peabody. Here is the general process:

1. Contact the Building Department and speak with a Building Inspector to obtain a Building Permit (single family/ owner occupied home offices are excluded). The minimum fee is $100 for Commercial ($50 for Residential).
2. Present the scope of work to the Inspector to determine whether a set of professionally drawn plans and Construction Control Document are required before issuance of Certificate of Occupancy.
3. After any construction has been completed, schedule a site visit with Inspector to determine that business space is safe and meets proper Building Code.
4. Upon meeting all Building Code requirements (as well as Health and Fire Codes if applicable) Inspector will issue a Certificate of Occupancy. The fee is $100.
5. At this point you can apply for a Business Certificate with the Building Inspector.*
6. Present sign off for Business Certificate, issued by Building Inspector, to City Clerk's Office to obtain your certificate. The filing fee is $20.

*The State of Massachusetts (in conformity with the provisions of Chapter one hundred and ten, Section five of the General laws, as amended) requires that every business obtain a certificate to register their DBA (doing business as) name. Home office must be single family/ owner occupied.

When applying for a permit application, please visit during Office Hours to speak with appropriate inspector who can guide you through the application process in more detail.

Please note that permit applications are ONLY accepted during Inspectors Office Hours. Depending on the scope of work, commercial applications should be filled out by contractor or architect and should be accompanied by two sets of plans.

Inspectors Office Hours:

Monday, Tuesday & Wednesday	8:30 – 10:00 a.m.
	3:00 – 4:00 p.m.
Thursday	8:30 – 10:00 a.m.
	5:30 – 7:00 p.m.
Friday	8:30 – 10:00 a.m.
(City Hall closes at 12:30 p.m.)	12:00 – 12:30 p.m.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Office of Building Inspectors (Inspectional Services) (Continued)

978.538.5786

Inspector Contact Information:

Building Commissioner, Paul Kolodziej, 978.538.5790

Paul.Kolodziej@peabody-ma.gov

Assistant Building Inspector, Manuel Bettencourt, 978.538.5787

Manuel.Bettencourt@peabody-ma.gov

Assistant Building Inspector, Dan Terenzoni, 978.538.5736

Dan.Terenzoni@peabody-ma.gov

Electrical/Wiring Inspector, Todd Croce, 978.538.5789

Todd.Croce@peabody-ma.gov

Plumbing/Gas Inspector, Arthur Pavlo, 978.538.5791

Arthur.Pavlo@peabody-ma.gov

Linda Lavoie, Clerk, 978.538.5786

Linda.Lavoie@peabody-ma.gov

Sealer of Weights and Measures, James Collins

978.538.5788 James.Collins@peabody-ma.gov

The Sealer of Weights and Measures protects both the consumer and the merchant.

Responsibilities include:

- Enforcement of laws, rules and regulations relating to weights and measures and the use of weighing and measuring devices in commercial transactions
- Certification of accuracy of all weighing and measuring devices and that they meet regulatory standards.

Examples of devices that are inspected are:

- Scales
- Fuel dispensers
- Vehicle Tank Meters
- Price Scanners

Please contact the Sealer of Weights and Measures if you have any devices that require inspection. Fees may apply to this.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

City Clerk's Office

978.538.5756

The City Clerk is responsible for the maintenance of factual public records and the fair administration of elections. The Clerk attends and keeps records of all meetings of the City Council. The Clerk and all members of his staff are Notary Publics and have the authority to notarize documents signed in their presence, as well as swear in Notary Publics.

The City Clerk's Office administers the following permits/licenses:

License/Permit	Fee	Legal Ad Required	CORI & ID Required	Blank Permit / More Info. Page Number
Auctioneer License (Year Round License)	$100.00	Yes	Yes	47
Bowling Alley License	$45.00/$30.00	Yes	Yes	47
Class 1 Motor Vehicle License	$200.00	Yes	Yes	47
Class 2 Motor Vehicle License	$200.00	Yes	Yes	47
Class 3 Motor Vehicle License	$200.00	Yes	Yes	47
Coffee House License	$100.00	Yes	Yes	47
Fortune Teller License	$50.00	Yes	Yes	47
Junk Dealer License	$100.00	Yes	Yes	47
Inflammables License	Check fee schedule	Yes	No	70
Innholder License	$50.00	Yes	Yes	47
Limousine License	$35.00/$50.00	Yes	Yes	47
Lodging House License	$50.00	Yes	Yes	47
Pool & Billiard License	$45.00/$30.00	Yes	Yes	47
Taxi Cab License	$35.00/$50.00	Yes	Yes	47
Entertainment License (6 Day License only).	$100 Live $50 Non-Live	Yes	No	50
Special Permit	$75 Ad Fee	Yes	No	63
Business Certificate (issued after Building Department has signed off)	$20.00	No	No	42

*Sunday Entertainment Licenses are administered through the Mayor's Office, 978.538.5702.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Conservation Commission, Agent Lucia DelNegro

978.538.5782, Lucia.DelNegro@peabody-ma.gov

The Conservation Commission is composed of nine volunteer members, appointed by the Mayor. The Commission was established to protect and promote Peabody's natural resources, to protect watershed resources, to protect wetland resource areas, to provide permitting review for proposed projects within resource areas and their buffers, and to coordinate with other town officials and boards on conservation issues that relate to its areas of responsibility.

If your property is within 100-200 feet of wetlands (river, stream, brook, pond, lake, swamp, wet meadow, marsh, etc.) or vernal pool you will most likely have to file with the Conservation Commission.

The Conservation Commission administers the following types of permits:

- **(NOI) Notice of Intent** is filed by applicant/owner and **an Order of Conditions (OoC)** is drafted if approved after a public hearing and a vote of a quorum. An **NOI** is filed for projects an **OoC** is the permit issued. (p. 73)

- **(ANRAD) Abbreviated Notice of Resource Area Delineation** (asking for commission confirmation and agreement to wetlands lines/boundaries, NOT a project) an **(ORAD) Order of Resource Area Delineation** is drafted after approved by a quorum at a public hearing.

- **Request for Certificate of Compliance** is submitted when a project is done under an **OoC.** The commission would issue a **Certificate of Compliance (Partial or Full)** if the work is done in compliance with the Order of Conditions. A Partial would be issued if not all work is complete but most work is complete. This is usually only done for certain circumstances (example- winter time and the house is built. The developer wants to sell the house but the landscaping is not done. A Partial Certificate of Compliance would be issued so they can pass papers. They would need to file for a Full Certificate of Compliance once the landscaping is done). (p. 83)

- **(RDA) Request for Determination of Applicability** is filed by the applicant/owner and a **Determination of Applicability** is issued after a public hearing and a vote of a quorum. This is typically for very simple projects that will not affect the resource area (ex- repave existing driveway to same elevation). (p. 85)

- An **Emergency Certificates (EC) and Enforcement Orders (EO)** are issued by Conservation Commission staff only. These documents are issued on an as needed basis. The commission must ratify both at the next regularly scheduled hearing.

- **Extension permits** extend the life of an existing Order of Conditions. The applicant/owner needs to request this 30 days before expiration date. Expired Orders cannot be extended.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

- **Appeal procedure**: Once an OoC, Determination or ORAD is issued (time stamped by Conservation Agent) a ten business day appeal period starts the following business day. Since there is a local ordinance, appeals should be made to DEP and the court. Projects cannot be appealed once appeal period has expired.

All documents can be obtained on MASSDEP's website but will not have Peabody ordinance wording on it:

http://www.mass.gov/eea/agencies/massdep/water/approvals/wetlands-and-waterways-forms.html

All documents must include the words "City of Peabody-Wetlands and Rivers Protection Ordinance: Chapter 32" in the document header. Hand printing or typing is acceptable.

A few notes:

·The Commission will wait until Department of Public Services and Department of Environmental Protection (DEP) comments on application are satisfied before approval.

·The Commission typically meets on the second Wednesday of each month. Please contact Lucia DelNegro for any changes regarding hearing dates and deadlines.

·State permit fees are determined by project type. The categories are listed in 310 CMR10.03(7) fees.

Local Permit Fees

Permit Name (Acronym)	**ConservationCommission Permit & Form Name**	**Filing Fee (Effective July 9th, 2003)**
RDA (p. 85)	Request for Determination of Applicability	$20
NOI (p. 73)	Notice of Intent- Single Family Lot	$50
NOI (p. 73)	Notice of Intent- All other project	$200
ANOI	Abbreviated Notice of Intent	$200
ANRAD	Abbreviated Notice of Resource Delineation	$100
RCC (p. 83)	Request for Certificate of Compliance (Inspection)	$50

Fire Department, 47 Lowell Street

www.peabodyfire.org

Fire Prevention Office, 978.531.2200 **Dianne.Marchese@peabody-ma.gov**

The Peabody Fire Department's mission is to respond to fires, medical emergencies, disasters and terrorist acts, and protect the lives and property of Peabody businesses, residents and visitors. Additionally, the Department's pursuit of public safety through its fire prevention, investigation and education programs allows us to make significant contributions towards the safety of the citizens of Massachusetts and enhances our abilities to keep our homeland safe.

Permits are required for the installation/repair/alteration of Fire Protection Systems, including, but not limited to, fire alarm, sprinkler and hood suppression systems. Plans for these life safety systems must be submitted in advance to the Fire Prevention Office (47 Lowell St.) for approval and issuance of the applicable permit. This process can take up to ten (10) business days. Fees for life safety systems are assessed based on the size of the project: $35, $60 or $110. These permits are valid for 60 days.

The head of the fire department or his designee shall have the authority to issue the following permit types, as described in 527 CMR and M.G.L. c. 148.

Examples of other permit types include, but are not limited to:

Blasting	**Bonfires & Burning of Christmas Trees**	**Bowling Pin & Lane Refinishing**
Cannon & Mortar Firing	**Cellulose Nitrate Film**	**Combustible Fibers**
Compressed Natural Gas (CNG)	**Covered Mall Buildings**	**Crop Ripening or Color Processing**
Cutting & Welding	**Dust Explosion Prevention**	**Explosives & Black Powder**
Fire Protection Equipment	**Fire Protection System**	**Fireworks, Display**
Fireworks, Manufacture, Storage & Handling	**Flammable & Combustible Liquids**	**Flammable Gases and Solids**
Fuel Transfer Operations	**Fumigation & Insecticidal Fogging**	**Hazardous Substances, Left Unattended**
Limited Special Effects	**LP Gas**	**Matches**
Oil Burning Equipment	**Open Air Fires**	**Ovens & Furnaces**
Rubbish Containers	**Salamanders**	**Special Seasonal Decorations**
Storage, Combustible Materials	**Tank Vehicles Parked Overnight**	**Tanks & Containers**
Tar Kettles on Roofs	**Tent/Canopy Permit (p. 90)**	**Tire Recapping & Rebuilding Plants**
Tire Storage	**Torches & Heat Producing Devices**	**Transportation of Combustible Liquids**

Sample Permit (p. 89)

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Health and Human Services Department

Sharon Cameron, *Director*, **978.538.5920** **Sharon.Cameron@peabody-ma.gov**
Debora Osgood, *Senior Clerk*, **978.538.5926** **Debora.Osgood@peabody-ma.gov**
John Yale, *Sanitary Inspector*, **978-538-5924** **John.Yale@peabody-ma.gov**
William Pasquale, *Code Enforcement*, **978-538-5923** **William.Pasquale@peabody-ma.gov**
Chassea Robinson, *Public Health Nurse*, **978-538-5931** **Chassea.Robinson@peabody-ma.gov**
Linnea Whalen, *School Nurse Leader*, **978-538-5930** **Linnea.Whalen@peabody-ma.gov**

The Peabody Department of Health and Human Services promotes the health and well-being of residents of (and visitors to) Peabody through the provision of school health services, public immunization clinics, communicable disease follow-up, health education, and the permitting and inspection of facilities such as food establishments, swimming pools, tanning salons, and housing, among others.

Board of Health:

The Peabody Board of Health is a 3-member policy setting board appointed by the Mayor. The Board sets policy for the Health Department, takes action on permits, and hears appeals of enforcement actions.

The Board typically meets on the 4th Thursday of the month at 6:00 p.m. but meeting dates should be verified by contacting 978.538.5926 or visiting the Health Department webpage at http://www.peabody-ma.gov/health.html.

Materials for Board of Health meetings should be submitted to the Health Department no later than 14 days in advance of the meeting date.

Appeal Procedure: The permit holder/applicant should submit a written request to the Health Department requesting an appeal. The request should reference the specific code which is being appealed. Additional specific procedures vary depending on which code is being appealed; applicants should contact the Health Department for additional guidance.

Inspectors Office Hours:

Monday, Tuesday & Wednesday	8:30 – 10:00 a.m.
	3:00 – 4:00 p.m.
Thursday	8:30 – 10:00 a.m.
	5:30 – 7:00 p.m.
Friday	8:30 – 10:00 a.m.
(City Hall closes at 12:30 p.m.)	12:00 – 12:30 p.m.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

The Health Department Administers the following types of permits:

Type of permit	Renewal fee prior to permit expiration date	Renewal fee after permit date	Permit period	Completed renewal application date on or before:	Notes	Blank Permit on Page number
ANIMAL	$ 50.00	$100.00	JAN 1 – DEC 31	Dec 1st	ANIM	92
BODY PIERCING EST.	$300.00	$350.00	JAN 1 – DEC 31	Dec 1st	BPE	97, 98
BODY PIERCER	$100.00	$150.00	JAN 1 – DEC 31	Dec 1st	BP	99, 100
CABINS, MOTELS, HOTELS	$100.00	$150.00	JAN 1 – DEC 31	Dec 1st	CAB, MOT, HOT	101, 102
FOOD						
SERVICE ESTABLISHMENT	$100.00	$150.00	JUNE 1 - MAY 31	May 1st	0-50 SEATS	103
SERVICE ESTABLISHMENT	$125.00	$175.00	JUNE 1- MAY 31	May 1st	51- 150 SEATS	103
SERVICE ESTABLISHMENT	$150.00	$200.00	JUNE 1 - MAY 31	May 1st	151-499 SEATS	103
SERVICE ESTABLISHMENT	$150.00	$200.00	JUNE 1- MAY 31	May 1st	+ $1 FOR >500 SEATS	103
RETAIL FOOD ESTABLISHMENT	$ 50.00	$100.00	JUNE 1- MAY 31	May 1st	< 1000 SQ FT	103
RETAIL FOOD ESTABLISHMENT	$100.00	$150.00	JUNE – MAY 31	May 1st	1000-10000 SQ FT	103
RETAIL FOOD ESTABLISHMENT	$250.00	$300.00	JUNE 1- MAY 31	May 1st	> 10000 SQ FT	103
FOOD PLAN REVIEWS						
FOOD SERVICE PLAN REVIEWS	$100.00	$150.00			0-100 SEATS	107
FOOD SERVICE PLAN REVIEWS	$150.00	$200.00			+100 SEATS	107
RETAIL FOOD PLAN REVIEWS	$100.00	$150.00			< 10000 SQ FT	107
RETAIL FOOD PLAN REVIEWS	$150.00	$200.00			> 10000 SQ FT	107
FARMER'S MARKET	$ 10.00	$20.00	ANNUAL		RETAIL	103
CATERING	$ 50.00	$100.00	JUNE 1 – MAY 31	May 1st	FCAT	103
CHURCHES/ORGANIZATIONS	$ 50.00	$100.00	JUNE 1 – MAY 31	May 1st		103
TEMPORARY FOOD PERMIT	$ 50.00	$100.00	UP TO 14 DAYS		FTEM	103
TEMPORARY non-profit	$ 5.00	$ 10.00	UP TO 14 DAYS		FNON	103
FUNERAL DIRECTORS	$ 50.00	$100.00	MAY 1 – APRIL 30	April 1st	FNL	108
ICE CREAM MIX MANUFACTURING	$ 25.00	$ 50.00	June 1 – May 31	May 1st	FROZ	109

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Type of permit	Renewal fee prior to permit expiration date	Renewal fee after permit date	Permit period	Completed renewal application date on or before:	Notes	Blank Permit on Page number
INDOOR SKATING RINK	$ 50.00	$100.00	JAN 1 – DEC 31	Dec. 1st	SKAT	111, 114
MANUFACT. HOUSING COM	$ 100.00	$150.00	JAN 1 – DEC 31	Dec. 1st	PARK	118
MOBILE FOOD	$ 50.00	$100.00	JUNE 1 – MAY 31	May 1st	FMOB	103
OCCUPANCY PERMIT	$ 25.00	$ 50.00				
PASTEURIZATION MILK	$ 50.00	$ 100.00	JAN 1 – DEC 31	Dec. 1st	PAST	120
RECREATIONAL CAMP	$ 150.00	≥ 45 Days before start date.	**WITH COMPLETED APPLICATION.**		REC	121
RECREATIONAL CAMP	$250.00	30 – 45 Days before start date.	**WITH COMPLETED APPLICATION.**		REC	121
RECREATIONAL CAMP	$350.00	15 – 30 Days before start date.	**WITH COMPLETED APPLICATION.**		REC	121
RECREATIONAL CAMP	$500.00	≤ 15 Days before start date.	**WITH COMPLETED APPLICATION.**		REC	121
OFFAL						
REFUSE HAULER	$ 50.00 EACH	$100.00	JAN 1 – DEC 31	Dec. 1st	REF	126
SEPTIC HAULER	$ 50.00 EACH	$100.00	JAN 1 – DEC 31	Dec. 1st	SEPH	126
TRANSFER STATION	$ 100.00	$150.00	JAN 1 – DEC 31	Dec. 1st	TRAN	127, 128
SCHOOLS						
FOOD	NO CHARGE	n/a	JUNE 1 – MAY 31	May 1st	FSCH	
MILK	NO CHARGE	n/a	JUNE 1 – MAY 31	May 1st	MILKSCH	
SEPTIC						
DISPOSAL WORKS INSTALLER	$ 25.00	$ 50.00	JAN 1 – DEC 31	Dec. 1st	SEPI	129
DISPOSAL WORKS CONSTRUC.	$ 50.00	$100.00	JAN 1 – DEC 31	Dec. 1st	SEPC	131
SPRING WATER BOTTLING	$ 50.00	$100.00	JAN 1 – DEC 31	Dec. 1st	WAT	132

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Type of permit	Renewal fee prior to permit expiration date	Renewal fee after permit date	Permit period	Completed renewal application date on or before:	Notes	Blank Permit on Page number
SWIMMING POOL LARGE	$100.00	$150.00	JUNE 1 – MAY 31	May 1st	PLSW	138
SWIMMING POOL/SPEC PURPOSE	$ 50.00	$100.00	JUNE 1 – MAY 31	May 1st	PLSP	138
SWIMMING POOL PLAN REVIEWS	$100.00	$150.00			PER POOL	140
TANNING SALON	$100.00 minimum	$150.00	JAN 1 – DEC 31	Dec. 1st	TAN	142, 144
TATTOO ESTABLISHMENT	$300.00	$350.00	JAN 1 – DEC 31	Dec. 1st	TATE	146, 148
TATTOOING ARTIST	$100.00	$150.00	JAN 1 – DEC 31	Dec. 1st	TATA	150, 152
TOBACCO	$100.00	$150.00	JUNE 1 – MAY 31	May 1st	TOB	154

Any permit renewal application not complete (including fully completed application and payment of permit fee in full) prior to permit expiration date will require payment of the higher permit fee.

Liquor Licensing Board

978.538.5717

LiquorLicensing@peabody-ma.gov

The Licensing Board administers the processing, overseeing and renewing the licenses of Peabody establishments of different categories.

The Licensing Board consists of three members, appointed by the Mayor. The Board meets on the second and fourth Monday of each month (except holidays) in the Lower Level Conference Room of Peabody City Hall from 6:30 p.m. until 7:30 p.m. Questions and comments can be left on the Licensing Board voicemail line at 978.538.5717.

License	Annual Fee
Restaurant with Common Victuals- All Alcohol	$2250
Restaurant with Common Victuals-Wine & Malt	$1650
General on Premises-All Alcohol	$2200
Inn/Hotel-All Alcoholic	$2250
Club-All Alcoholic	$1200
Package Store-All Alcohol	$2200
Package Store-Wine & Malt	$1700
Seasonal-All Alcohol	$1200
One Day License-Rules and Application on p. 155	$25 per day
Automatic Amusement Device-Class I, Application p. 158	$50
Automatic Amusement Device-Class II, Application p. 158	$100

Application Process: (This applies to all licenses except One Day and Automatic Amusement)

1. Fill out application completely online at **www.mass.gov/abcc**. Nothing handwritten will be accepted.
2. Print out completed application and corresponding forms.
3. Payment can be made online (ePay) or by check to Alcoholic Beverage Control Commission. ABCC fee per transaction is $200.00. If paying online, applicant must submit proof by submitting corresponding online payment form and confirmation number. City of Peabody application fee is $50.00 for a new license or transfer of license, made payable by check only. Applicant is responsible for paying legal ad when required.
4. Submit **two** copies of application including applicable forms to:

   Peabody Licensing Board, 24 Lowell Street, Peabody MA 01960
5. The Licensing Board will schedule a Public Hearing upon receipt and verification of complete application including all corresponding forms.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Peabody Municipal Light Plant, 201 Warren Street Ext.

978.531.5975 (Emergency 24/7 & Non-Emergency) **www.pmlp.com**

Hours: Weekdays 8:30 – 4:30 p.m.

Contacts:

Community Relations Manager, Jennifer Santoro, 978.531.5975

jsantoro@pmlp.com

Assistant Business Manager Customer Service, Jan Kentros, 978.531.5975

jkentros@pmlp.com

Peabody Municipal Light Plant's (PMLP) mission is to sustain highly reliable electric service at reasonable rates and provide superior customer service while enhancing the quality of life and assuring a clean and healthy environment. PMLP serves more than 25,000 customers in all of Peabody and South Lynnfield. The organization consists of the ratepayers of Peabody, who elect the Peabody Municipal Lighting Commission (PMLC), a five member policy making board. The Plant's Manager reports to the Commission and is responsible for the operation of the plant. A professional staff of approximately 70 employees brings a broad scope of utility experience to PMLP's daily operation, including an up-to-date understanding of the progressing energy market.

PMLP is committed to contributing to the communities it serves through consistent reinvestment in our infrastructure, payment in-lieu of taxes, community development and energy education programs. This includes energy conservation programs, school energy awareness, conservation and safety projects, school-to-work partnerships, outreach to senior groups, community support and active participations in the area's Chamber of Commerce, Rotary and other local civic groups.

Planning Board, Tessa Marc-Aurele

978.538.5793 Tessa.MarcAurele@peabody-ma.gov

The Peabody Planning Board oversees the Rules and Regulations Governing the subdivision of land in Peabody. Planning Board meetings are conducted on the first and third Thursdays of each month. July and December have only one meeting.

These rules and regulations were adopted under the Subdivision Control Law, MGL Ch. 41, Section 81-K through 81-GG inclusive. The subdivision regulations were adopted for the purpose of protecting the safety, convenience and welfare of the residents of the City of Peabody by "regulating the laying out and constructions of ways in subdivisions providing access to the several lots therein, but which have not become public ways, and ensuring sanitary conditions in subdivisions and in proper cases, parks and open areas".

The Planning Board acts on project proposals with due regard for the following:

- Adequate access to all of the lots in a subdivision by ways that will be safe and convenient for travel
- For lessening congestion in such ways and in the adjacent public ways
- For reducing danger of life and limb in the operation of motor vehicles
- For securing safety in case of fire, flood, panic and other emergencies
- For insuring compliance with the applicable Zoning ordinance
- For securing adequate provision for water, sewerage, drainage, underground utility services, fire, police and other similar municipal equipment, and street lighting
- For coordinating the ways in a subdivision with each other and with the public ways in the City and with the ways in neighboring subdivisions.

The Planning Board is also part of the review process, through public hearing, for any changes to the Peabody Zoning Ordinance.

The Planning Board grants land subdivision approvals only. Departments that sign off on subdivisions are:

Department of Public Services & Engineering and Fire Department (for access/egress).

Fees:

Approval Not Required Plans:	$200.00
Preliminary Plans:	$750.00
Definitive Plans:	$750.00/lot plus $150.00/lot or portion thereof.
	$500.00 plus $150.00/lot when following a preliminary

Fees for advertising are determined by size of ad.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Department of Public Services, 50 Farm Avenue

978.536.0600 ext. 0 Tanya.Capistran@peabody-ma.gov

The mission of the Department of Public Services is to operate the City's water, sewer, solid waste and street systems for the public's safety and convenience, thereby maintaining the quality of life for the Citizens of Peabody. The DPS is also responsible for rapid response to all snow, ice and other inclement weather conditions; enforcing of water, sewer and street ordinances; engineering for City projects; 24-hour emergency services.

The DPS is organized into six separate divisions: Public Works Administration, Sewer, Water, Solid Waste, Garage, and Streets and Highway.

The Department of Public Services Administers Permits for the following activities:

Activity	Note	Permit Required	Fee	Time Frame
Waterline installation and/or repair	1,2,3,4	Excavation/Trench Permit (p. 152)	$100.	2 hours
Sewer installation and/or repair	1,2,3,4	Excavation/Trench Permit	$100	2 hours
Connecting to City drainage	1,2,3	Excavation/Trench Permit	$100	2 days
Sidewalk installation/alteration		Amended Excavation/Trench Permit	-	2 days
Driveway curb cuts		Amended Excavation/Trench Permit	-	2 days
Operation of a fire hydrant	1,3,5	Fire Hydrant Permit		2 days
Construction of 1 acre or greater	1,3	Stormwater Permit	-	30 days

Notes:

1. A permit is required even if work is solely being performed on private property
2. Requires a City issued Utility Contractor's License to perform the work.
3. Requires additional City Departments to sign off
4. Water & Sewer permits can be combined for a total fee of $100.00
5. Fee based upon the amount of water being used

There is additional Excavation/Trench Permit information starting on page 159.

Zoning Board of Appeals, Grace Augulewicz

978.538.5792 Grace.Augulewicz@peabody-ma.gov

If your business does not conform to the City's Zoning Ordinance, the Zoning Board of Appeals has the following powers in accordance with the provisions of Massachusetts General Laws, Chapter 40A and this ordinance:

A. Appeals. To hear and decide an appeal taken by any person aggrieved by reason of his/her inability to obtain a permit or enforcement action from the building inspector under the provisions of MGL, Chapter 40A and this ordinance or by any person including an officer or board of the City of Peabody or of an abutting municipality aggrieved by an order or decision of the building inspector in violation of any provision of MGL, Chapter 40A or of this ordinance.

B. Variances. To hear and decide a petition with respect to particular land or structures for a variance from terms of this ordinance, where the board specifically finds that owing to circumstances relating to soil conditions, shape or topography of such land or structures and especially affecting such land or structures but not affecting generally the zoning district in which it is located, a literal enforcement of the provisions of this ordinance would involve substantial hardship consistent with the provisions of MGL Chapter 40A to the petitioner or appellant, and that desirable relief may be granted without substantial detriment to the public good and without nullifying or substantially derogating from the intent or purpose of this ordinance. The board of appeals may impose conditions, safeguards and limitations in respect to both time and any permitted use, including the continued existence of any particular structures but excluding any condition, safeguard or limitation based upon the continued ownership of the land or structure to which the variance pertains by the applicant, petitioner or any owner. If the rights authorized by a variance are not exercised within one year of the date of authorization, they shall lapse and may be reestablished only after a new notice and hearing. No variance may authorize a use or activity not otherwise permitted in the district in which the land or structure is located.

To determine if the petitioner will need relief from the Board of Appeals a business owner ("petitioner") should meet with a Building Inspector and review a current (within six months) plot plan (provided by petitioner). The Board of Appeals meets Mondays monthly in the Wiggin Auditorium at 7:00 p.m.

Submit to the Board of Appeals Clerk:

1 Application filled out completely, no blanks, along with nine copies (for board members) (p 166).
2 Certified plot plan 8½ x 11 inches.
3 Certified list of abutters from Assessor's Office (978.538.5716) (p. 167).
4 Denial letter from Building Inspector.
5 Check made payable to City of Peabody for Filing Fee. (Commercial: $200)
6 Check for legal ad – Newspaper to be determined when application is filed (p. 168).

Before applying for a building permit variance decision must be recorded at the Registry of Deeds (45 Congress Street, Suite 4100, Salem MA 01970). The current Recording Fee is $75.00 but may change at the discretion of the Registry.

For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

Financing Resources:

Community Development Authority (CDA) Business Loan Program

Stacey Bernson, Assistant Director of Community Development & Planning

978.538.5771, Stacey.Bernson@peabody-ma.gov

The City of Peabody's proactive approach to economic development resulted in the establishment of a revolving loan pool of funds administered by the Department of Community Development and Planning and a five member quasi-public Community Development Authority (CDA). The Business Loan Program is a flexible source of loan funds for commercial and industrial projects, the purpose of which is to encourage the creation/retention of quality jobs and to increase the tax base.

The CDA has helped hundreds of applicants retain or expand existing business and/or help attract desirable new business to the City of Peabody by providing loans for equipment, land and/or site acquisition, construction and redevelopment. The CDA is able to provide below-market, low-interest loans to be used to help bridge the gap between the cash and assets of a business owner and the equity requirements needed to obtain a commercial loan from a bank. The program is designed to provide no more than 20% of a project's total financing requirements.

For additional information see:

CDA – Loan Program Fact Sheet (p. 169)

CDA – Brochure (p. 170)

CDA – Application and Checklist (p. 172)

CDA – Personal Financial Statement (p. 176)

Small Business Administration (SBA)

The SBA offers small business loans. Please see the website for more information.

http://www.sba.gov/loanprograms

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For Additional Assistance Contact City of Peabody Business Liaison at 978.538.5775

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	The Commonwealth of Massachusetts **State Board of Building Regulations and Standards** **Massachusetts State Building Code** **780 CMR EIGHTH EDITION**		**City of Peabody** **Office of the Inspector of Buildings** **24 Lowell Street** **Peabody, MA 01960** **Tel: (978) 538-5786**

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____ _____
Building Commissioner/Inspector of Buildings Date

SECTION 1 - SITE INFORMATION

1.1 Property Address:

_____

_____

1.2 Assessors Map & Parcel Number

_____ _____
Map Number Parcel Number

1.3 Zoning Information:

_____ _____
Zoning District Property Use

1.4 Property Dimensions:

_____ _____
Lot Area (sf) Frontage (ft)

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		

1.6 Water Supply (M.G.L. c.40.§ 54)
Public ☐ Private ☐

1.7 Flood Zone Information:
Zone: Outside Flood Zone ☐

8 Sewage Disposal System:
Municipal ☐ On site disposal system ☐

SECTION 2 - PROPERTY OWNERSHIP/TENANT/AUTHORIZED AGENT

2.1 Owner / Tenant:

_____ _____
Name (print) Address

_____ _____
Signature Telephone

2.2 Authorized Agent

_____ _____
Name (Print) Address

_____ _____
Signature Telephone

SECTION 3 - CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Licensed Construction Supervisor:

Not Applicable ☐

_____
Licensed Construction Supervisor:

_____
Address

_____
Signature

_____
License Number

_____
Expiration Date

Registered Home Improvement Contractor

Not Applicable ☐

_____
Company Name

_____
Address

_____
Signature Telephone

_____
Registration Number

_____
Expiration Date

Commercial

SECTION 4 - WORKERS' 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.

SECTION 4 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:

Name (Registrant)

Address

Signature Telephone

Not Applicable ☐

License Number

Expiration Date

5.2 Registered Professional Engineer

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

Name

Address

Signature Telephone

Area of Responsibility

Registration Number

Expiration Date

5.3 General Contractor

Company Name

Responsible In Charge of Construction

Address

Signature Telephone

Not Applicable ☐

SECTION 6 - DISCRIPTION OF PROPOSED WORK (CHECK ALL APPLICABLE)

New Construction ☐	Existing Building ☐	Repairs ☐	Alteration ☐	Addition ☐
Accessory Bldg ☐	Demolition ☐	Other ☐ Specify:		

Brief Description of Proposed Work

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE

	Use Group (Check as Applicable)								Construction Type	
A Assembly	☐	A-1	☐	A-2	☐	A-3	☐		1A	☐
		A-4	☐	A-5	☐				1B	☐
B Business	☐								2A	☐
E Educational	☐								2B	☐
F Factory	☐	F-1	☐	F-2	☐				2C	☐
H High Hazard	☐								3A	☐
I Institutional	☐	I-1	☐	1-2	☐	1-3	☐		3B	☐
M Mercantile	☐								4	☐
R Residential	☐	R-1	☐	R-2	☐	R-3	☐		5A	☐
S Storage	☐	S-1	☐	S-2	☐				5B	☐
U Utility	☐	Specify:								
M Mixed Use	☐	Specify:								
S Special Use	☐	Specify:								

COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS AND/OR CHANGE IN USE

Existing Use Group: _____ Proposed Use Group: _____

Existing Hazard Index (780 CMR 34) _____ Proposed Hazard Index (780 CMR 34) _____

SECTION 8 - BUILDING AND HIGHT AND AREA

BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or Stories Include Basement Levels		
Floor Area Per Floor (SF)		
Total Area (SF)		
Total Height		

SECTON 9 STRUCTURAL PEER REVIEW (780 CMR 110.11)

Independent Structural Peer Review Required Yes... ☐ No...☐

SECTON 10a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I _____ as owner of the subject property

hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this permit application.

_____ _____

Signature of Owner Date

SECTON 10b – 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.

Signed under the pains and penalties of perjury.

_____

Print Name

_____ _____

Signature of Owner / Agent Date

SECTION 6– ESTIMATED CONSTRUCTION COSTS			
Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from	
3. Plumbing		*Building Permit Fee (a) x (b)	
4. Fire Protection			
5. Mechanical (HVAC)		Check Number	
6. Total = (1+2+3+4+5)			

*All Building, Wiring, Plumbing, Fire Suppression and Alarm Permit Fees will be paid by the general contractor or owner at the time of issuance.

THIS SECTION FOR OFFICIAL USE ONLY

PERMIT FEE BREAKDOWN

ESTIMATED COST: _____

NOTES::

TYPE	MULTIPLIER	FEE
Building		
Electrical		
Plumbing		
Gas		
Sprinklers		
Mechanical		
Total		

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: 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:

1. ☐ I am a 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 general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.
5. ☐ 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):

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 their workers' comp. policy information.

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
600 Washington Street
Boston, MA 02111

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

Revised 5-26-05

CONSTRUCTION CONTROL

PROJECT: _____

PROJECT OWNER: _____

PROJECT LOCATION: _____

ARCHITECT/ENGINEER: _____

IN ACCORDANCE WITH SECTION 116.0 OF THE MASSACHUSETTS STATE BUILDING CODE, I _____ REGISTRATION NO._____ BEING A REGISTERED PROFESSIONAL ENGINEER/ARCHITECT HEREBY CERTIFY THAT I HAVE PREPARED OR DIRECTLY SUPERVISED THE PREPARATION OF ALL DESIGN PLANS, COMPUTATIONS AND SPECIFICATIONS CONCERNING:

ENTIRE PROJECT _____ ARCHITECTURAL _____ STRUCTURAL _____ MECHANICAL _____

FIRE PROTECTION _____ ELECTRICAL _____ OTHER (Specify) _____

FOR THE ABOVE NAMED PROJECT AND THAT, TO THE BEST OF MY KNOWLEDGE, SUCH PLANS, COMPUTATIONS AND SPECIFICATIONS MEET THE APPLICABLE PROVISIONS OF THE MASSACHUSETTS STATE BUILDING CODE, ALL ACCEPTABLE ENGINEERING PRACTICES AND APPLICABLE LAWS AND ORDINANCES FOR THE PROPOSED USE AND OCCUPANCY.

I FURTHER CERTIFY THAT I SHALL PERFORM THE NECESSARY PROFESSIONAL SERVICES AND BE PRESENT ON THE CONSTRUCTION SITE ON A REGULAR AND PERIODIC BASIS TO DETERMINE THAT THE WORK IS PROCEEDING IN ACCORDANCE WITH THE DOCUMENTS APPROVED FOR THE BUILDING PERMIT AND SHALL BE RESPONSIBLE FOR THE FOLLOWING AS SPECIFIED IN SECTION 116.2.2:

1. Review of shop drawings, samples and other submittals of the contractor as required by the construction contract documents as submitted for building permit, and approval for conformance to the design concept.
2. Review and approval of the quality control procedure for all code required controlled materials.
3. Special architectural or engineering professional inspection of critical construction components requiring controlled materials or construction specified in the accepted engineering practice standard listed in Appendix B.

PURSUANT TO SECTION 116.2.3, I SHALL SUBMIT PERIODICALLY A PROGRESS REPORT TOGETHER WITH PERTINENT COMMENTS TO THE PEABODY BUILDING INSPECTOR. UPON COMPLETION OF THE WORK, I SHALL SUBMIT A FINAL REPORT AS TO THE SATISFACTORY COMPLETION AND READINESS OF THE PROJECT FOR OCCUPANCY.

_____

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____

_____

NOTARY PUBLIC MY COMMISSION EXPIRES

Commonwealth of Massachusetts
Department of Fire Services

BOARD OF FIRE PREVENTION REGULATIONS

Official Use Only
Permit No. _____
Permit Fee Assigned _____
[Rev. 11/99] (leave blank)

APPLICATION FOR PERMIT TO PERFORM ELECTRICAL WORK
FOR INSTITUTIONAL USE ONLY*

This form is for use by institutions employing licensed electricians and others for which notice of electrical installations to the municipal Inspector of Wires is required for work on the premises of the institution. If you are not an employing institution pursuant to C. 141 §8 of the Massachusetts General Laws, stop here. You cannot use this form. Use the standard form only.

(PLEASE PRINT IN INK OR TYPE ALL INFORMATION) **Date:** _____

City or Town of: *Peabody* _____ *To the Inspector of Wires:*

By this application the undersigned gives notice of the on-premises performance of electrical work by employees.

Institution _____

Address _____

Location and Nature of Proposed Electrical Work: _____

_____

NOTE: C. 143 §3L of the Massachusetts General Laws obliges those who perform electrical installations to give notice of same to the municipal Inspector of Wires. You may do so by filing this form upon each such occasion, or if so contemplated in an annual permit fee schedule set by the municipality you may maintain a contemporaneous log of such work, which shall be exhibited to the Inspector of Wires during normal business hours without advance notice. Some municipalities may set nominal fees for annual permits and require individual permits for work above a stated magnitude.

We will file this form on each such occasion (check one): YES ☐ NO ☐

We will maintain one or more contemporaneous log(s) (check one): YES ☐ NO ☐
This option is available where so contemplated by the municipality. In these cases, you must renew this application annually, and upon significant changes in employment.

The following individual(s) will be responsible for the accuracy of the log(s), if maintained. You agree that the log(s) will be located as indicated below. The coverage in any individual log must be for contiguous property except by arrangement with the Inspector of Wires.

Attach supplementary sheets if required for additional log locations.

Log coverage, and location where it will be maintained	Responsible person

You may maintain the logs electronically upon agreement with the Inspector of Wires. If you intend to apply for such a procedure, indicate below how the Inspector of Wires should access the log:

_____

How many electricians and/or system technicians (as licensed by the Board of State Examiners of Electricians) do you employ at your facility? Indicate the total number and also indicate the number of full-time equivalent staff that number includes:

Total electrical employment: _____ **Full-time equivalent electrical employment:** _____

How many helpers or apprentices do you employ to assist your licensed staff, under their direct supervision (see c. 141 §8)? In general, this number must not exceed the ratio of one licensed individual to one unlicensed individual. Limited exceptions apply for veterans (see St. 1962, c. 582 §3 as amended by St. 1979, c. 156). Indicate the total number and also indicate the number of full-time equivalent staff that number includes:

Total electrical employment: _____ **Full-time equivalent electrical employment:** _____

Not all electrical work for which notice to the Inspector of Wires is required must be performed by licensed personnel. How many such persons, not required to be licensed, do you have in your employ? Indicate the total number and also indicate the number of full-time equivalent staff that number includes:

Total electrical employment: _____ **Full-time equivalent electrical employment:** _____

**Institutions are defined for these purposes as any person, firm, or corporation operating under c. 141 §8.*

(Please see reverse side for certifications and required signature.)

NOTE: Some institutions enter into contracts with contractors to perform ongoing electrical work at an institution, similar to institutional employees. If, by the terms of such a contract, you direct the performance of such work, include the numbers of such employees in this application. If the contractor directs such performance, of if the contract period is for less than one year, application must be made by the contractor on the standard form for such work. Do not include such employees in this application.

Please give your official title, such as "Director of the Physical Plant" or "Director of Facilities" or equivalent. In addition, provide a statement that substantiates your authority to hire electricians pursuant to c. 141 §8 for electrical work on the premises of your institution, and to establish priorities for the performance thereof. This form is not to be construed as a grant of authority to direct any licensee of the Board of State Examiners of Electricians to perform work in contravention of the rules of said Board, or in contravention of the Massachusetts Electrical Code.

My title is: _____

My authority to act for the aforementioned institution is: _____

_____

_____

I certify, under the pains and penalties of perjury, that the information on this application is true and complete.

(Signature) _____ (Dated) _____

(Print name) _____

(work telephone number) _____ (extension) _____ (facsimile number) _____

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM PLUMBING WORK

P

TYPE OR PRINT CLEARLY

CITY PEABODY MA DATE _____ PERMIT # _____

JOBSITE ADDRESS _____ OWNER'S NAME _____

OWNER ADDRESS _____ TEL _____ FAX _____

OCCUPANCY TYPE COMMERCIAL ☐ EDUCATIONAL ☐ RESIDENTIAL ☐

NEW: ☐ RENOVATION: ☐ REPLACEMENT: ☐ PLANS SUBMITTED: YES ☐ NO ☐

FIXTURES ↓ FLOOR→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BATHTUB															
CROSS CONNECTION DEVICE															
DEDICATED SPECIAL WASTE SYSTEM															
DEDICATED GAS/OIL/SAND SYSTEM															
DEDICATED GREASE SYSTEM															
DEDICATED GRAY WATER SYSTEM															
DEDICATED WATER RECYCLE SYSTEM															
DISHWASHER															
DRINKING FOUNTAIN															
FOOD DISPOSER															
FLOOR / AREA DRAIN															
INTERCEPTOR (INTERIOR)															
KITCHEN SINK															
LAVATORY															
ROOF DRAIN															
SHOWER STALL															
SERVICE / MOP SINK															
TOILET															
URINAL															
WASHING MACHINE CONNECTION															
WATER HEATER ALL TYPES															
WATER PIPING															
OTHER															

INSURANCE COVERAGE:

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL Ch. 142. YES ☐ NO ☐

IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY ☐ OTHER TYPE OF INDEMNITY ☐ BOND ☐

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER ☐ AGENT ☐

_____
SIGNATURE OF OWNER OR AGENT

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER'S NAME _____ LICENSE # _____ _____ SIGNATURE

MP ☐ JP ☐ CORPORATION ☐ # _____ PARTNERSHIP ☐ # _____ LLC ☐ # _____

COMPANY NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ TEL _____

FAX _____ CELL _____ EMAIL _____

MASSACHUSETTS UNIFORM APPLICATION FOR A PERMIT TO PERFORM GAS FITTING WORK

G

TYPE OR PRINT CLEARLY

CITY PEABODY MA DATE PERMIT #

JOBSITE ADDRESS OWNER'S NAME

OWNER ADDRESS TEL FAX

OCCUPANCY TYPE COMMERCIAL EDUCATIONAL RESIDENTIAL

NEW: RENOVATION: REPLACEMENT: PLANS SUBMITTED: YES NO

APPLIANCES ↓ FLOORS→	BSM	1	2	3	4	5	6	7	8	9	10	11	12	13	14
BOILER															
BOOSTER															
CONVERSION BURNER															
COOK STOVE															
DIRECT VENT HEATER															
DRYER															
FIREPLACE															
FRYOLATOR															
FURNACE															
GENERATOR															
GRILLE															
INFRARED HEATER															
LABORATORY COCKS															
MAKEUP AIR UNIT															
OVEN															
POOL HEATER															
ROOM / SPACE HEATER															
ROOF TOP UNIT															
TEST															
UNIT HEATER															
UNVENTED ROOM HEATER															
WATER HEATER															
OTHER															

INSURANCE COVERAGE

I have a current liability insurance policy or its substantial equivalent which meets the requirements of MGL. Ch. 142 YES NO

I IF YOU CHECKED YES, PLEASE INDICATE THE TYPE OF COVERAGE BY CHECKING THE APPROPRIATE BOX BELOW

LIABILITY INSURANCE POLICY OTHER TYPE INDEMNITY BOND

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by Chapter 142 of the Massachusetts General Laws, and that my signature on this permit application waives this requirement.

CHECK ONE ONLY: OWNER AGENT

SIGNATURE OF OWNER OR AGENT

I hereby certify that all of the details and information I have submitted or entered regarding this application are true and accurate to the best of my knowledge and that all plumbing work and installations performed under the permit issued for this application will be in compliance with all Pertinent provision of the Massachusetts State Plumbing Code and Chapter 142 of the General Laws.

PLUMBER-GASFITTER NAME LICENSE # SIGNATURE

MP MGF JP JGF LPGI CORPORATION # PARTNERSHIP # LLC #

COMPANY NAME: ADDRESS

CITY STATE ZIP TEL

FAX CELL EMAIL

Commonwealth of Massachusetts

Sheet Metal Permit

Date : _____ Permit #_____

Estimated Job Cost: _____ Permit Fee: $_____

Plans Submitted: **YES** ____ **NO** ____ Plans Reviewed: **YES** ____ **NO** ____

Business License # _____ Applicant License # _____

Business Information:

Name: _____

Street: _____

City/Town: _____

Telephone: _____

Property Owner / Job Location Information:

Name: _____

Street: _____

City/Town: _____

Telephone: _____

Photo I.D. required / Copy of Photo I.D. attached: **YES** ____ **NO** ____

Building Type:

Residential: 1-2 family ____ Multi-family ____ Condo / Townhouses ____

Commercial: Office ____ Retail ____ Industrial ____ Educational ____ Institutional ____

Building Cubic Footage: under 35,000 cu. ft. ____ over 35,000 cu. ft. ____

Sheet metal work to be completed: New Work: ____ Renovation: ____

HVAC ____ Metal Roofing ____ Kitchen Exhaust System ____ Chimney / Vents ____

Provide brief description of work to be done:

_____

_____

_____

_____

_____

_____

_____

_____

DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

GREGORY BIALECKI
SECRETARY OF HOUSING
AND ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts
Division of Professional Licensure
Board of Examiners of Sheet Metal Workers
1000 Washington Street • Suite 710
Boston • Massachusetts • 02118-6100

BARBARA ANTHONY
UNDERSECRETARY, OFFICE OF
CONSUMER AFFAIRS & BUSINESS
REGULATION

MARK R. KMETZ
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

MEMO

March 6, 2013

To: Local Building Inspectors

From: The Board of Examiners of Sheet Metal Workers

Re: Uniform Sheet Metal Permit

Thanks to all that have been issuing the Uniform Sheet Metal Permit in their City or Town. Over the last couple of years, we have found some municipalities issuing mechanical permits for sheet metal work or some other version of their own sheet metal permit. In most cases, this type of misunderstanding is resolved by phone or email correspondence with Board staff and the local Building Department. Recently however, we have received formal complaints from third parties against licensees for "failure to obtain a sheet metal permit". In some of these cases it seems that a mechanical permit was issued in lieu of a sheet metal permit. The Board recognizes that some projects may require both a mechanical permit and a separate sheet metal permit. The Uniform Sheet Metal Permit should be issued only for "sheet metal work" that is under the jurisdiction of 271 CMR. In order to prevent these types of complaints against licensees the Board asks that you only use the Uniform Sheet Metal Permit in accordance with 271 CMR.

Thank you for your continued cooperation, if you have any questions or require additional information please do not hesitate to contact me at 617-727-3022.

Sincerely,

Peter B. Kelly
Executive Director
Board of Examiners of Sheet Metal Workers

CITY OF PEABODY, MASSACHUSETTS

Application for Sign Permit

For office use: Permit number: _____ Estimated Cost: _____

Date of issue: _____Map_____Lot_____

Inspector's signature:_____

This section for official use only

Permit Fee: _____

File one (1) copy of the completed application form and one (1) copy of all attachments as indicated below with the Building Inspector's Office. Upon approval by the Building Inspector and/or the Zoning Board of Appeals the applicant must receive a sign permit from the Building Inspector before the erecting of any sign.

Please note: Incomplete applications will not be accepted. Review the sign ordinance prior to filling out this application.

To the Building Inspector

A. Business Name_____

B. Name and Address of Applicant _____

Telephone Number (Home) _____(Business) _____

C. Name and Address of Property Owner _____

D. Name and Address of Sign Maker _____

Telephone Number _____

ANSWER THE FOLLOWING QUESTIONS IN FULL:

1. Address where sign will be located _____
2. Zoning District (Available at the Assessor's Office)_____
3. Distance of Building from Public Way _____
4. Name of Road(s) Sign(s) intended to face _____
5. Type of Sign(s) being applied for:

Wall Sign (primary)__ Wall Sign (Secondary)_____ Freestanding Sign_____

Hanging Sign _

Window Sign(s)_____ Awning Sign_____ Gasoline Price Sign __

6. Sign Size

Wall Sign 1:	height_____	length _____	depth_____
Wall Sign 2:	height_____	length _____	depth_____
Freestanding Sign:	height_____	length_____	depth_____
Window Sign:	height_____	length_____	Window size (ft^2)____

Awning Sign: height_____ length_____ depth_____
Gasoline Price Sign: height_____ length_____ depth_____
Hanging Sign: height_____ length_____ depth_____ Sidewalk width_____
projection_____

7. Wall Area (required for wall sign applications): height _____ length _____ wall area _____

8. Height of Letters: Wall Sign 1: height_____
Wall Sign 2: height_____
Freestanding Sign: height_____
Window Sign: height_____
Awning Sign: height_____
Hanging Sign: height_____

9. Height of Sign: (from ground level) Wall Sign 1: highest point:_____ lowest point_____
Wall Sign 2: highest point:_____ lowest point_____
Freestanding Sign: highest point:_____ lowest point_____
Awning Sign: highest point:_____ lowest point_____
Hanging Sign highest point:_____ lowest point_____

10. Sign Material:_____

11. Text of Sign: _____
_____

12. Illumination (if any): _____
Listing Number:_____ Testing Lab:_____

Illuminated signs shall be wired by a licensed electrician. Sign must be listed by a testing lab (UL or ETC or the like).

13. Color Information: Wall Sign 1: letters_____ background_____ additional:____
Wall Sign 2: letters_____ background_____ additional:____
Freestanding Sign: letters_____ background_____ additional:____
Window Sign: letters_____ background_____ additional:____
Awning Sign: letters_____ background_____ additional:____
Hanging Sign: letters_____ background_____ additional:____

14. Number of establishments in building or complex: _____

ATTACH THE FOLLOWING WITH THIS APPLICATION. APPLICATION WILL NOT BE ACCEPTED WITHOUT THESE ATTACHMENTS.

All applications:
_____ **Sketch of Sign:** Indicate dimensions, all colors, lettering type, and materials.
_____ **Building Elevation:** Clearly indicate location of sign in relation to building
_____ **Cross Section:** Indicate how sign will be mounted, including necessary hardware
_____ **Site Plan:** For Freestanding Signs only, indicate distance of sign from public way and from building
_____ **Photographs:** Show existing building and areas where signs are proposed to be located.

ESTIMATED COST_____

I CERTIFY, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE AND COMPLETE.

_____ _____
(Signature of Sign Owner or Representative) (Date)

Building Commissioner
Kevin G. Goggin CBO X5785
Local Building Inspectors
Paul Kolodzlej X5790
Manuel Bettencourt X 5787
Wiring Inspector
Fernando Homem X5789
Plumbing/Gas Inspector
Arthur Pavlo X5791
Weights & Measures Inspector
Jeanne Burbridge X5788

City of Peabody

Office of Inspectional Services
24 Lowell Street, Peabody MA 01960
Phone 978-538-5786 Fax 978-538-5987

BUSINESS CERTIFICATE APPROVAL

Please print

Date:_____

Applicant name:_____

Name of Business:_____

Address of Business:_____

Zoning District :_____ **Use group**_____

Home Address:_____

Building Permit Acquired? Check one: Yes_____**No**_____

Telephone:_____

Is homeowner Applicant or Bus owner? _____

Inspectors Signature:_____

Provide Copy of Drivers License Please

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

Signature_____ **Date:** _____

Building Commissioner
Paul Kolodziej X5790
Local Building Inspectors
Manual Bettencourt X5787
Dan Terenzoni X5736
Wiring Inspector
Todd Croce X5789
Plumbing/Gas Inspector
Arthur Pavlo X5791
Weights & Measures Inspector
Jim Collins X5788

City of Peabody

Office of Inspectional Services
24 Lowell Street, Peabody Ma 01960
Phone 978-538-5786 Fax 978-538-5987

Inspections:

The following schedule of fees for the application, the issuance and inspections relating to Building Permit Fees, Fire Suppressions and Alarm Fees, Wiring Fees, Plumbing & Gas Fees and Sealing of Weighing & Measuring Devices is hereby established:

By deleting in its entirety, Section B entitled Building Permit Fees as adopted on December 28, 1998 and in place thereof the following: All Building, Wiring, Plumbing, Fire Suppression and Alarm Permit Fees will be paid by the general contractor or owner at the time of issuance.

B. BUILDING PERMIT FEE

1. R-4 USE GROUP, SINGLE AND TWO FAMILY DWELLINGS, (NEW CONSTRUCTION AND ADDITIONS $14.00 (Fourteen) dollars per one thousand ($100,00) dollars or any fraction thereof, rounded off to the next Thousand dollars of estimated cost of construction as determined by the Inspector of Building, with a minimum fee of $50.00 (Fifty) Dollars. ALTERATIONS AND REPAIRS $10.00 (Ten) dollars per one Thousand ($1,000.00) dollars or any fraction thereof rounded off to the next Thousand dollars of estimated cost of construction as determined by the Inspector of Buildings, with a minimum fee of $50.00 (Fifty) dollars.

2. All other use groups, $14.00 (Fourteen) dollars per one thousand ($100,000) dollars or any fraction thereof, rounded off to the next Thousand dollars of the estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $100.00 (One Hundred) dollars.

3. Occupancy Permit - $100.00 (One Hundred) dollars.

4. Temporary Occupancy Permit - $50.00 (Fifty) dollars.

5. Re-inspection Fees - $50.00 (Fifty) dollars.

6. Contractor License Fee - $50.00 (Fifty) dollars.

7. Any work commenced without a permit is subject to twice the schedule fee.

8. Fees are not refundable.

BY ADDING SECTIONS B-1, FIRE SUPPRESSION AND ALARM FEES

1. R-4 USE GROUP, SINGLE AND TWO FAMILY DWELLINGS (NEW CONSTRUCTION, ADDITIONS AND ALTERATIONS), $2.00 (Two) dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $50.00 (Fifty) dollars.

2. All other use groups, $2.00 (Two) Dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of the estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $100.00 (One Hundred) dollars.

By deleting in its entirety, Section C entitled Electrical Permit Fee as adopted on January 23, 1969 and in the place thereof the following:

C. ELECTRICAL PERMIT FEE

1. R-4 USE GROUP, SINGLE AND TWO FAMILY DWELLINGS (NEW CONSTRUCTION, ADDITIONS, AND ALTERATIONS), $3.00 (Three) dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $50.00 (Fifty) Dollars.

2. All other use groups $3.00 (Three) dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of the estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $100.00 (One Hundred) dollars.

3. Installation or Change of Service per Meter – R-4 Use Group Single and two family dwellings $10.00 (Ten) dollars with a minimum of $50.00 (Fifty) dollars. All other Use Groups 200A or less, $20.00 (Twenty) dollars with a minimum of $100.00 (One Hundred) dollars; Commercial and Industrial over 200A, $25.00 (Twenty five) dollars with a minimum of $100.00 (One Hundred) Dollars; Temp Service, $50.00 (Fifty) dollars.

4. Installation of Alarms R-4 Use Group Single and two family dwellings, $50.00 (Fifty) dollars. All other Use Groups $100.00 (One Hundred) dollars.

5. Communications, R-4 Use Group Single and two family dwellings $50.00 (Fifty) dollars. All other Use Groups $100.00 (One Hundred) dollars.

6. Smoke Detectors - $50.00 (Fifty) dollars.

7. Sidewall, $25.00 (Twenty five) dollars.

8. Swimming Pools, $50.00 (Fifty) dollars.

9. Signs - $50.00 (Fifty) dollars.

10. Blanket Permits: For Commercial and Industrial blanket permits, the fee is based on the average number of employees of the applicant for the preceding six months are as follows:
Less than One Hundred (100) employees $200.00 (Two Hundred) Dollars; One Hundred (100) to Three Hundred (300) employees $400.00 (Four Hundred) Dollars; More than Three Hundred (300) employees $500.00 (Five Hundred) Dollars.

11. Re-Inspection Fee per Inspection, $50.00 (Fifty) dollars.

12. Underground Utilities per Lot, $20.00 (Twenty) dollars with a minimum of $100.00 (One Hundred) dollars.

13. Motors - $5.00 (Five) dollars each, R-4, Use Group $50.00 minimum. All other Use Groups have a minimum of $100.00 (One Hundred) dollars.

14. Electric Heat - $5.00 (Five) dollars, each baseboard unit, R-4 Use Group, Single and two family dwellings, minimum of $50.00 (Fifty) Dollars. All other Use Groups $100.00 (One Hundred) dollars.

By deleting in its entirety, Section D entitled Plumbing Fees as adopted on January 23, 1969 and in place thereof the following:

D. PLUMBING FEES

1. R-4 USE GROUP, SINGLE AND TWO FAMILY DWELLINGS (NEW CONSTRUCTION, ADDITIONS AND ALTERATIONS), $2.00 (Two) dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $50.00 (Fifty) Dollars.

2. All other use groups, $2.00 (Two) dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of the estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $100.00 (One Hundred) dollars.

3. Re-Inspection Fee, $50.00 (Fifty) dollars per re-inspection.

By deleting in its entirety, Section E entitled Gas Fees as adopted on January 23,1969 and in the place thereof the following.

E. GAS FEES

1. R-4 USE GROUP, SINGLE AND TWO FAMILY DWELLINGS. (NEW CONSTRUCTION, ADDITIONS AND ALTERATIONS), $2.00 (Two) Dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $50.00 (Fifty) dollars.

2. All other use groups, $2.00 (Two) dollars per one thousand ($1000.00) dollars or any fraction thereof, rounded off to the next Thousand dollars of the estimated cost of construction as determined by the Inspector of Buildings with a minimum fee of $100.00 (One Hundred) dollars.

3. Rooftop Units $100.00 (One Hundred) dollars each.

4. Re-Inspection Fee, $50.00 (Fifty) dollars per re-inspection.

It shall be unlawful to construct, reconstruct, alter, repair, remove or demolish a building or structure; or to change the use or occupancy of a building or structure ; or to install or alter any equipment for which provision is made or the installation of which is regulated.

Residential Irrigation Water Meter: $50.00 (Fifty) dollars

Commercial Irrigation Water Meter: $100.00 (One Hundred) dollars

PEABODY CITY COUNCIL

Ward Councillors

Barry P. Osborne, Ward 1
Peter M. McGinn, Ward 2
James Moutsoulas, Ward 3
Robert E. Driscoll, Ward 4
Joel D. Saslaw, Ward 5
Barry C. Sinewitz, Ward 6

Councillors at Large

Michael V. Garabedian
Thomas L. Gould
David C. Gravel
Anne M. Manning-Martin
Thomas P. Walsh

Clerk of Council
Timothy E. Spanos

City Council Stenographer
Allyson Danforth, RPR

City Hall
24 Lowell Street

978-538-5900
FAX (978) 538-5985

THE ATTACHED APPLICATION CAN BE MADE FOR THE FOLLOWING LICENSES: AUCTIONEER LICENSE (YEAR ROUND LICENSE); BOWLING ALLEY LICENSE, CLASS 1 MOTOR VEHICLE LICENSE, CLASS 2 MOTOR VEHICLE LICENSE, CLASS 3 MOTOR VEHICLE LICENSE, COFFEE HOUSE LICENSE, FORTUNE TELLER LICENSE, JUNK DEALER LICENSE, INNHOLDER LICENSE, LIMOUSINE LICENSE, LODGING HOUSE LICENSE, POOL & BILLIARD LICENSE, TAXI CAB LICENSE

Filing Requirements for Licenses approved by City Council:

- Application to be filed with the City Clerk's Office. A CORI request form and photocopy of your Massachusetts License or I.D. will accompany said application. The Peabody Police Department will conduct the CORI check. Once the CORI check has been completed by the Peabody Police Department, your license information will be shredded. Upon receipt of approval by the Police Department, a public hearing will be scheduled by the City Council.

- If the application is a transfer of license, a letter from the license holder will be required stating they are transferring ownership.

- Check made payable to one of the following newspapers for in the amount as listed to cover legal ad costs. You have a choice of one newspaper where you wish the legal ad to be published.

WEEKLY NEWS
28.50

- Upon approval of the license by the City Council, an Affidavit of Workmen's Compensation and Certificate of Business will be required.

- A Surety Bond in the amount of $25,000.00 (Class 2 Motor Vehicle License only) will be required to be filed prior to issuance of said license by my office.

TIMOTHY E. SPANOS
CITY CLERK

DATE_____

NEW_____ RENEWAL_____ TRANSFER _____ AMENDMENT _____

(Indicate specific purpose of application:)_____

TO THE PEABODY CITY COUNCIL:
I hereby make an application for a _____LICENSE,

to be conducted at _____. ZONING_____ MAP ____ LOT ____

Corporate Name: _____

Business Name:_____

Name of License Holder: Last:_____ First:_____ Middle:_____

Res. Address:_____

Telephone: ( )_____-_____. Cell: ( )_____-_____.

E-mail address:_____@_____._____

Name of On-Site Store Manager _____

I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state taxes required under law. The City of Peabody has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a prospective license holder as stated above, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information I have provided is correct to the best of my knowledge.

_____ _____

Signature of Individual **By: Corporate Officer**
(This request is made under authority of M.G.L. C62C, S49A)

F.I.D. No_____ by: _____
City Clerk

Signature of Property Owner: _____.

The Building Inspector of the City of Peabody has determined that the below mentioned License application request is **valid / invalid** as specified under the Zoning Ordinance of the City of Peabody. **(Does not apply to renewal applications)**
Signature of Building Inspector: _____.

Application to be filled out and filed with City Clerk. A photocopy of your Massachusetts License or I.D. and CORI Request Form must accompany said license application. Applications will not be accepted without the required signatures.

CORI REQUEST FORM

The City of Peabody has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a prospective license holder for a _____License, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

_____
(Applicant's Signature)

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____
MAIDEN NAME, PREVIOUS NAME OR ALIAS PLACE OF BIRTH

_____ _____-_____-_____ _____
DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHER'S MAIDEN NAME
(requested, not required)

CURRENT AND FORMER ADDRESSES:

_____

_____

SEX: _____ HEIGHT: ____ ft. ___ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE:_____

THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

_____

RECEIVED BY: _____
SIGNATURE OF EMPLOYEE

CORI CHECK CONDUCTED BY: _____
(Peabody Police Department)

PEABODY CITY COUNCIL
PEABODY, MA

RULES AND REGULATIONS GOVERNING THE ISSUANCE OF ENTERTAINMENT LICENSES ISSUED BY THE PEABODY CITY COUNCIL

By authority of the 1978 Acts and Resolves of the Commonwealth of Massachusetts, Chapter 102, the City Council in the City of Peabody is designated and constituted as the licensing authority under the provisions of Sections 181, 183A and 184 of Chapter 140 of the Massachusetts General Laws and Chapter 4 Entitled Alcoholic Beverages of the code of the City of Peabody. Accordingly, the following rules and regulations have been adopted with respect to the issuance of said entertainment license. **Said license is a six (6) day license [Monday through Saturday only].**

DOES NOT INCLUDE SUNDAY ENTERTAINMENT. SUNDAY ENTERTAINMENT LICENSE IS ISSUED THROUGH THE OFFICE OF THE MAYOR

1. All licenses are to be issued by the City Council following a public hearing on the application of said license.

2. Public notice of the hearing on the application will be published once in a newspaper of general circulation in the City of Peabody at least fourteen (14) days prior to said hearing. The expense of publication will be assumed by the applicant, and abutters within 300' of the premises shall receive notice of said public hearing.

3. No application will be considered until all required forms, statements and disclosures are returned in a complete and accurate manner to the City of Peabody.

4. All other licenses, certificates and permits to be issued by the City of Peabody on the premises to be licensed must be obtained prior to the issuance of an entertainment license.

5. The premises to be licensed must be inspected and a favorable report made thereon by the following departments or agencies prior to the public hearing being scheduled:

   a). Building Commissioner
   b). Police Department
   c). Fire Department
   d). Health Department
   e). Tax Collector

6. Entertainment Licenses are not transferable. All transfers must be approved by the City Council through the public hearing process.

7. Entertainment in a place of assembly is regulated by the Building Commissioner and shall determine whether or not the establishment is rated as an A-2 or A-3 use. Any live entertainment such a bands, D.J., or karaoke change the use of a building to an A-2 rating and the owner is required to up grade the structure to current building code standards. Televisions, CD Players, jukebox and background music in the ceiling are allowed with limited shutdown requirements.

8. If a temporary certificate of occupancy is issued by the Building Commissioner, the premises is limited to non-live entertainment only until such time as a yearly certificate of occupancy is issued.

9. If there is a change in manager, the license holder must notify the City Clerk forthwith in writing.

10. Violations of Mass. General Laws, ordinances of the City of Peabody, rules and regulations of the licensing authority of the city of Peabody, or any terms or conditions placed on the license may result in suspension and/or revocation of said license.

11. Any misstatement on an application or financial disclosure statement shall be considered a violation of the rules and regulations of the Licensing Authority.

12. Entertainment License will be granted only on an affirmative vote of at least a majority vote of the licensing authority. The fee for live entertainment is $100.00; for non-live is $50.00.

INTRODUCED	FEBRUARY 28, 2008
ADOPTED BY THE PEABODY CITY COUNCIL	MARCH 13, 2008

ATTEST Timothy E. Spanos
(Timothy E. Spanos, City Clerk)

Application for Entertainment License (6 Day License)
This application does not include Sunday Entertainment

To the City Council
Peabody, Massachusetts

Name of Corporation:_____

Name of Business (if different):_____

Location of Premises:_____ Map___ Parcel No. _____

Mailing Address (If different) _____

Type of Non-Live Entertainment: (be specific as to equipment used i.e. television, CD player, etc.)_____

_____

Live Entertainment: (be specific as to type of entertainment, location, and numbers of person(s), number of instruments, number of amplifiers involved
(Karaoke and D.J. are grouped under live entertainment)

_____

_____

_____

_____

_____

Hours of Non-Live Entertainment _____

Hours of Live Entertainment _____

Manager of Record:_____ Contact no:( )_____-_____
Note: If manager changes you must notify Clerk's Office forthwith.

Do you understand that this license is subject to revocation/suspension for any violation of any city ordinance or rule or regulation of the licensing authority? Yes ___. (check)

FID_____

Corporate Name:_____

Corporate Address: _____

Corporate Officer:_____

Manager's Signature:_____

This license expires on December 31st of the year issued and must be renewed prior.

PEABODY CITY COUNCIL

LICENSING AUTHORITY FOR ENTERTAINMENT LICENSES
SIX DAYS ONLY

FINANCIAL DISCLOSURE FORM

If you have not previously completed and filed a financial disclosure form with the Peabody City Council (Licensing Authority for Entertainment Licenses); if there has been any change in your answers as shown on previously filed applications or financial disclosure forms please complete the following:

1. Name and Address of Applicant:

   _____

   _____

   _____.

2. If applicant is a partnership or corporation, name, address and percentage of ownership of partners, officers, directors and stockholders:

   _____

   _____

   _____.

Ward Councillors

Barry P. Osborne, Ward 1
Arthur W. Athas, Ward 2
Rico E. Mello, Ward 3
Robert E. Driscoll, Ward 4
David R. Gamache, Ward 5
Barry C. Sinewitz, Ward 6

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David C. Gravel
James K. Liacos
Anne M. Manning-Martin

Clerk of Council
Timothy E. Spanos

City Council Stenographer
Allyson Danforth

City Hall
24 Lowell Street

978-538-5900
FAX (978) 538-5985

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3. If you own the premises for which you are making application for a license, please specify the following:

   a) Date acquired _____.

   b) Purchase Price _____.

   c) If more than real estate was purchased, please state what was purchased and purchase price _____

   _____.

   d) How was business finance?

   Down Payment $_____.

   Source of down payment _____.

   Source and amount of financing. (List separately each financial transaction from which funding for business was obtained) [Please answer following]

   1. Date _____.

   2. Amount borrowed _____.

   3. Makers or lenders name & address_____

   _____.

   4. Payee or borrowers name & address _____

   _____.

   5. Guarantor's name and address _____

   _____.

   6. Security pledged to secure loan_____.

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4. If you do not now own but intend to purchase or have an option to purchase the premises, please specify?

   a) Sellers name & address _____.

   b) Buyers name & address _____.

   c) Purchase or option price _____.

   d) Proposed financing _____.

5. If applicant leases or intends to lease the premises, list the lessor, annual rent, and to whom such payments are made.

   Lessor name & address _____.

   Annual rent _____.

   Name & address of payee if other than lessor above _____

   _____.

6. Please furnish the following for borrowing for the business to be licenses other than the acquisition of premises or other purchases not listed above.

   Date _____.

   Amount borrowed _____.

   Maker or lender _____.

   Payee or borrower _____.

   Guarantor _____.

   Security pledged _____

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Under the penalties or perjury, I/we declare that I/we have prepared or examined the answers to this disclosure statement and that they are true, correct, and complete.

Signed this _____ day of _____, 20 _____.

NAME (Print)	**SIGNATURE**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Dear Licensee or Applicant:

The following information is required by the City Council in connection with an application for Entertainment License (new or transfer of new owner) for 1978 and thereafter.

This information must be legibly written in ink, typewritten, or processed electronically, and every individual applicant, members of a partnership or officer, director and stockholder of a corporation must sign this application at the completion of these questions. Failure to answer all questions fully or failure to complete any other required forms will be considered as grounds for denial, suspension or revocation of any entertainment license. If any question cannot be fully completed in the space provided in this or other forms, you may attach additional pages of similar size appropriately referenced to the application.

1. Name(s) and home address of applicant(s). If applicant is a member of a partnership, names, addresses and respective interest of all partners must be listed. If applicant is a corporation each officer, director and stockholder must be listed together with their respective percentage of ownership of outstanding capital stock.

NAME	ADDRESS	% OF INTEREST/STOCK
a.		
b.		
c.		
d.		
e.		

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2. If the applicant is a corporation and if any shares of stock in the corporation are pledged, please indentify the corporate pledger and pledge by name, address and shares pledged.

	PLEDGOR NAME	PLEDGOR ADDRESS	SHARES PLEDGED
a.			
b.			
c.			
d.			
e.			

	PLEDGEE NAME	PLEDGEE ADDRESS	SHARES PLEDGED
f.			
g.			
h.			
i.			
j.			

ALSO PROVDE THE FOLLOWING:

A. A certified copy of the Articles or Organization together with an amendments to date of application.

B. A certified copy of the corporate vote to apply for a license or renewal of license and designating the officer authorized to apply.

C. A certified copy of the corporate vote appointing the manager or principal representative.

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D. A certificate of legal existence issued by the Secretary of State for the Commonwealth of Massachusetts, and dated not less than 10 days prior to the date of application.

E. If the applicant does not own the premises to be licensed, identify the owner in the same manner as described in question one (1) and the relationship between the applicant and the owner.

_____

_____

_____.

3. Number and date of expiration of the Building Certificate issued on the premises.

_____.

4. Have you obtained or have you applied for any other required certificates, licenses, permits, etc. relating to the business to be conducted on the premises.
YES ☐ NO ☐ If yes, please describe in full and complete detail.

_____

_____

_____.

5. Location, description and telephone number of premises to be licenses.

_____

_____.

6. Are there any joining connections between the premises to be licensed and apartments? Between the premises to be licensed and any other premises?
YES ☐ NO ☐ If yes, please describe:

_____

_____

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7. Do the premises provide for separate restroom facilities on the premises for male and female patrons? YES ☐ NO ☐

8. Have you operation your place of business continuously during the last 12 months prior to the date of this application? YES ☐ NO ☐
If not, give dates and reasons for closing:

_____

_____.

9. Are the statements relative to your stock holdings or pledges in answer to questions 1 and 12 above in agreement with those now on file with this licensing authority?
YES ☐ NO ☐. If no, please furnish details of all differences:

_____

_____.

10. Has the applicant, any partner, officer, director, stockholder or manager been convicted of a felony within the last five years? YES ☐ NO ☐
If yes, please furnish full and complete details on each person and conviction:

_____

_____

_____.

11. In addition, the manager or principal representative must request an application for clearance from the Board of Probation as directed by separate form.

12. Has the applicant, partner, officer, director, stockholder or manager ever had a liquor license or entertainment license suspended or revoked? YES ☐ NO ☐
If yes, please furnish full details including authority taking such action, reason, length of suspension or revocation and present status.

_____

_____

_____.

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13. Does the applicant, partner, officer, director, stockholder or manager now hold or ever held a liquor or entertainment license in any other city or town in the Commonwealth of Massachusetts? YES ☐ NO ☐
    If yes, please furnish complete and full details:

    _____

    _____

    _____.

14. Has the applicant, partner, officer, director, stockholder or manager ever failed or declared bankruptcy? YES ☐ NO ☐
    If yes, please furnish complete details on each person and each bankruptcy:

    _____

    _____

    _____

    _____.

Any changes in corporate officers, stockholders, directors or manager must be reported in writing to the licensing authority within 10 days of said change. Failure to do so may result in suspension and/or revocation of this license.

Under the penalties of perjury, I/we declare that I/we have prepared or examined the answers to this questionnaire, and that they are true, correct, and complete.

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Signed this _____ day of_____, 20___.

NAME (Print)	**SIGNATURE**

19. The decision of the City Council shall be filed with the City Clerk, who is the Clerk of the City Council, and shall keep a detailed record of its proceedings, and shall file a notice of decision which shall be mailed forthwith to all parties in interest, the petitioner, the Planning Board, Community Development Department, and Building Inspector.

    The decision of the City Council shall be signed and time stamped by the City Clerk as in accordance with Massachusetts General Laws. Any appeals shall be made pursuant to General Laws, Chapter 40A, Section 17 and must be filed within twenty (20) days after the date of filing of said decision with the Superior Court and City Clerk.

20. There shall be no transfer of the Special Permit until written approval of the same is obtained from the Special Permit Granting Authority. The request to transfer shall be submitted to the City Council by the Building Inspector. Any proposed amendments or changes to any condition of the Special Permit shall be deemed to be an amendment and require a public hearing by the Special Permit Granting Authority.

PEABODY CITY COUNCIL
Adopted: April 26, 1990
Amended: June 3, 1997; March 23, 2000; June 1, 2006; July 20, 2006

BARRY P. OSBORNE, WARD 1
PETER M. MCGINN, WARD 2
JAMES MOUTSOULAS, WARD 3
ROBERT E. DRISCOLL, WARD 4
JOEL D. SASLAW, WARD 5
BARRY C. SINEWITZ, WARD 6
MICHAEL V. GARABEDIAN, COUNCILLOR AT LARGE
THOMAS L. GOULD., COUNCILLOR AT LARGE
DAVID C. GRAVEL, COUNCILLOR AT LARGE
ANNE M. MANNING-MARTIN, COUNCILLOR AT LARGE
THOMAS P. WALSH, COUNCILLOR AT LARGE

CITY OF PEABODY, MASSACHUSETTS
RULES AND REGULATIONS OF THE
SPECIAL PERMIT GRANTING AUTHORITY

The following Rules are adopted in accordance with Massachusetts General Laws, Chapter 40A, Section 9.

1. Public hearings are scheduled at the discretion of the City Council.

2. Eighteen (18) copies of all applications shall be filed on a form prescribed by the City Council entitled "City of Peabody, Application for Special Permit". Said application must be typewritten or written legibly.

3. The Special Permit application must be in the name of the individual/s or business entity that will be operating the use being applied for.

4. Before submitting said application to the City Clerk, the following shall be included:

(a) An application fee for seventy-five dollars ($75.00)
(b) Legal advertisement fee to be determined at the time of application.
(c) Pre-application approval by the Building Inspector.
(d) Eighteen (18) legible copies of a site plan and/or Building Permit Plan must be submitted showing the land affected where new construction is planned or any alterations to the exterior of an existing building signed and stamped by a registered architect or professional engineer.
(e) Certified plot plan of the location.
(f) A detailed, written description consisting of 300 words or less of the proposed request shall be attached to the application as part of the Special Permit filing process if item 12-A on the application is not completed. The application will not be accepted without said written description.
(g) Statement from the City Collector that all taxes are paid up to date (only if property owner is applicant)
(h) A list of abutters of the property affected, including their names and addresses, which shall be obtained from the Office of the City Assessor and which shall be certified by said Board or their designee. If the radius covers any portion of land in an adjacent city or town, then a list of abutters must be obtained from the Office of the Assessor of that city or town and certified by said Board.
(i) Signature of the applicant shall appear on all eighteen (18) copies of the application.
(j) Before being forwarded to the City Council, all applications and plans shall be time stamped by the City Clerk showing the time and date received.
(k) When the above is completed, the application shall be placed on the next City Council agenda and presented to the City Council for a public hearing to be established, or any other action as deemed appropriate by the said City Council. The application must be submitted to the City Clerk no later than Noontime on the day the Council agenda is prepared for the Council's next scheduled meeting.

4. Any application which failed to meet the above requirements shall not be assigned a public hearing by the City Council.

5. THE OWNER OF PROPERTY OR HIS REPRESENTATIVE AS SPECIFIED ON THE SPECIAL PERMIT APPLICATION MUST BE PRESENT AT THE TIME OF THE PUBLIC HEARING.

6. In the event that the City Council deems a filed application or plan inadequate to a proper understanding of the matter, the applicant shall be advised and given an opportunity to submit additional information, revise the plan, or substitute a new one. An application may be dismissed for failure to comply with these rules.

7. All applications submitted to the City Council shall have been reviewed by the Building Inspector to determine if said application has been filed properly under the rules and regulations of the Peabody Zoning Ordinance, as amended.

   There shall be a prepared response received from the Community Development Department, Public Services Department, Conservation Commission, Board of Health, Fire Department, Planning Board, and Police Department.

   All submissions by said Departments shall be submitted to the City Clerk no later than Monday Noontime on the day the Council agenda is prepared for the Council's next scheduled meeting.

8. The City Clerk will publish a notice of public hearing on all applications assigned for hearing in a newspaper of general circulation in the City of Peabody and will send notices to the petitioner and to those owners of the surrounding property whose names appear on the most recent list entitled "Certification of Parties in Interest" submitted with the application. The applicant shall be provided with a legal advertisement rate sheet, and shall choose a newspaper in which they wish the City Clerk to place said legal advertisement in. The fee for said legal ad shall be paid for by the applicant at the time of application. Said legal ad will be published twice with the first advertisement being published at least fourteen (14) days prior to the scheduled public hearing.

9. The petitioner shall produce at the public hearing, any information as requested by the City Council, and the City Council may retain any record or plan which has been introduced in evidence, for reference in the consideration of the Special Permit.

10. Zoning Ordinances or by-laws provide that Special Permits only be issued in accordance with Chapter 40A, Section 5 of the Massachusetts General Laws and Section 7.7.3 of the Peabody Zoning Ordinance.

11. Any application that does not meet the requirements of Section 3 of these rules and regulations will be returned immediately to the petitioner for compliance.

12. The City Council at its discretion reserves the right to issue Temporary Special Permits for a period of time to be determined by the City Council.

13. Any plan submitted at the time of filed of the Special Permit application will be the plan considered by the City Council.

14. Any change or alteration to said plan must be submitted to the City Council at least fourteen (14) days prior to the public hearing or recessed/continued hearing to insure proper review by all departments.

15. When a notice to an abutter involves a mobile home park, the tenant representative to said mobile home park shall received a notice of public hearing. This is a requirement above and beyond those parties listed in the Certified List of Abutters.

16. If the petitioner requests a postponement or recess of the Special Permit public hearing, the City Council shall take formal action to approve said request. If the request is denied, the applicant shall be prepared to go forward with the Special Permit hearing. If the City Council approved said request, the petitioner must re-notify abutters of the re-scheduled hearing day by "registered return receipt" mail. Those receipts must be returned to the City Clerk at least seven (7) days prior to the hearing. The City Clerk shall send the initial notice to abutters of the scheduled public hearing by regular mail.

17. No application shall be entertained by the Council until all other permits or approvals required have been obtained from other governmental and the applicant so certifies to the Council.

18. If the petitioner is unable to appear at a scheduled public hearing, the applicant must notify the City Clerk within 24 hours. Failure to do so and failure to appear at a scheduled public hearing could result in withdrawal of the Special Permit application.

CITY OF PEABODY
PEABODY CITY COUNCIL
ACTING AS THE SPECIAL PERMIT GRANTING AUTHORITY

$75.00 FILING FEE

Date _____ Ward _____

APPLICATION FOR SPECIAL PERMIT

TO THE CITY COUNCIL OF THE CITY OF PEABODY:

The undersigned hereby petitions the Peabody City Council for a Special Permit as follows:

1a. Name, Address and Telephone No. of Petitioner _____

_____

1b. Address of Property _____

1c. Zoning Classification _____ Assessors Map No. _____ Parcel _____

1d. **ATTACH A CERTIFIED PLOT PLAN OF THE PROPERTY.**
ATTACH PRINTOUT FROM CITY COLLECTOR OF TAX STATUS IF APPLICANT IS ALSO THE OWNER OF LAND.

2. Name & Address of owner of land _____

_____

3. If petitioner is not owner, state interest or status of petitioner in land, attaching any copy of purchase & sale agreement _____

4. If petitioner is the owner of land, state the date of acquisition of property and the name of person from whom title was acquired _____

5. State the specific provisions of the zoning ordinance in which you are filing under _____

_____

6. State use for which the Special Permit is sought _____

_____

_____

Section 6.1.2 No special permit shall be granted unless it is the judgment of the City Council that the use for which the permit is sought will satisfy a desirable local need, that its design and appearance will not be injurious to the established or future character of the vicinity and the neighborhood and that it shall be in harmony with the general purpose and intent of this ordinance.
Section 15.7.1 *Special permits:* To hear and decide an application for a special permit, as provided in this ordinance, only for uses in specified districts which are in harmony with the general purposes and intent of this ordinance and which shall be subject to any general or specific rules prescribed herein and to any appropriate conditions, safeguards and limitations on time and use.
A special permit shall lapse within a two-year period or a shorter period if so specified and if a substantial use thereof has not sooner commenced except for good cause or in the case of a permit for construction if construction has not begun within the period except for good cause.

7. Describe the land affected attaching a plan complying with the Zoning Ordinance, specifically Sections 6.1.1 and 6.1.4
8. The successors agree for themselves, their successors in title, and assigns to comply continuously with such conditions, limitation, and safeguards as may be specified by the City Council of the City of Peabody acting as the Special Permit Granting Authority, and that failure to comply or failure to use said lot or building (if any) for the purpose above specified shall constitute a violation of and make void any Special Permit issued pursuant hereto.

9. CERTIFIED LIST OF ABUTTERS MUST BE ATTACHED SIGNED BY THE BOARD OF ASSESSORS.

10. PLEASE FILL OUT THE REVERSE SIDE, SPECIAL PERMIT GENERAL USE INFORMATION.

11. A total of **18 copies** of this application are to be filed with the City Clerk's Office for the City Council. **A copy will be filed with the Planning Board, Conservation Commission, Community Development Department, Board of Health, Department of Public Services, Fire Department, Police Department and Licensing Board for their review and comment to the City Council.**

---

12. SPECIAL PERMIT GENERAL USE INFORMATION.

A. **THIS IS A MANDATORY REQUIREMENT OF THE SPECIAL PERMIT GRANTING AUTHORITY. NO APPLICATION WILL BE ACCEPTED WITHOUT THE FOLLOWING.**

A detailed, written description consisting of 300 words or less of the proposed request shall be attached to the application as part of the Special Permit filing process. The application will not be accepted without said written description.

B. Is the proposed use to be located within an existing building. _____.

If yes, describe where _____.

If the proposal involves new construction, describe what that new construction

is _____.

Type of building materials to be used _____.

What kind of outdoor lighting is being proposed and indicate on site plan

_____. Described any changes to outdoor lighting

including new fixtures and types _____.

Will there be generators, compressors or air conditioning units installed Yes/No

If so, describe type and location and indicate on site plan

_____

_____.

Will there be deliveries Yes/No. If so, describe the type of vehicles to be making deliveries and

type of products to be delivered _____.

Are any variances required from the Zoning Board of Appeals. Yes/No

If yes, please describe what zoning relief you are seeking _____

_____.

Have you applied to the ZBA to date Yes/No. If yes, what is the status _____.

If no, when do you plan on filing seeking their approval _____.

Are any approvals required from the Conservation Commission. Yes/No

If yes, please describe in detail what is required from the ConCom _____

_____.

Have you applied to the ConCom to date Yes/No. If yes, what is the status _____.

If no, when do you plan on filing seeking their approval _____.

Are any approvals required from the Planning Board Yes/No.

If yes, please describe in detail what is required from the Planning Board _____

_____.

Have you applied to the Planning Board to date Yes/No If yes, what is the status _____.

If no, when do you plan on filing seeking their approval _____.

Will there be blasting required during any site preparation. Yes/No

Will you removing any kind of earthen material from the site. Yes/No

Will you bring in any kind of earthen material on site. Yes/No If Yes, describe the type and

origination of fill _____.

Will it be necessary to obtain any permits from a State agency. Yes/No If Yes,

from whom and what kind of permit _____.

Have you made an application on the same to date Yes/No.

If yes, what is the status _____.

If no, when do you plan on seeking their approval _____.

C. Business hours of operation _____

_____.

D. Construction hours of operation _____

_____.

E. Total number of off street parking spaces; existing or proposed _____.

F. Total number of vehicles to be parked on site _____.

Type of vehicles used in your daily operation _____.

Will said business vehicles be parked overnight on site Yes/No. If yes, where _____.

G. Number of employees, total and by shift (if applicable) _____.

H. Location of dumpster, if any _____.

I. Type of indoor/outdoor storage of materials _____.

J. Location and Type of Loading/Unloading Facilities _____.

FILING REQUIREMENTS:

- **The Special Permit application must be in the name of the individual/s or business entity that will be operating the use being applied for.**

1. Before submitting said application to the City Clerk, the following shall be included:
   (a) An application fee for seventy-five dollars ($75.00) ☐
   (b) Legal advertisement fee to be determined at the time of application. ☐
   (c) Pre-application approval by the Building Inspector indicating the application is valid. ☐
   (d) Eighteen (18) legible copies of a site plan and/or Building Permit Plan must be submitted showing the land affected where new construction is planned or any alterations to the exterior of an existing building signed and stamped by a registered architect or professional engineer. ☐
   (e) Certified plot plan of the location. ☐
   (f) A detailed, written description consisting of 300 words or less of the proposed request shall be attached to the application as part of the Special Permit filing process if item 12-A on the application is not completed. The application will not be accepted without said written description. ☐
   (g) Statement from the City Collector that all taxes are paid up to date (only if property owner is applicant) ☐
   (h) A list of abutters of the property affected, including their names and addresses, which shall be obtained from the Office of the City Assessor and which shall be certified by said Board or their designee. If the radius covers any portion of land in an adjacent city or town, then a list of abutters must be obtained from the Office of the Assessor of that city or town and certified by said Board. ☐
   (i) Signature of the applicant shall appear on all eighteen (18) copies of the application. ☐
   (j) Before being forwarded to the City Council, all applications and plans shall be time stamped by the City Clerk showing the time and date received.
   (k) When the above is completed, the application shall be placed on the next City Council agenda and presented to the City Council for a public hearing to be established, or any other action as deemed appropriate by the said City Council. The application must be submitted to the City Clerk no later than Noontime on the day the Council agenda is prepared for the Council's next scheduled meeting.

2. Any application which failed to meet the above requirements shall not be assigned a public hearing by the City Council.

- **Section 17 of the Rules of Order of the Peabody City Council.**
  No application for a license or permit shall be entertained by the council until all other permits and approvals required to be obtained from other governmental entities have been obtained and the applicant so certifies to the council.

CONDITIONS AND TERMS OF APPROVAL

- 20 day appeal period upon the filing of the Special Permit decision in the City Clerk's Office.

- Special Permit decision must be displayed on the business premises for

public inspection.

- The Special Permit decision must be filed at the Registry of Deeds where applicable

- There shall be no transfer of this Special Permit until written approval of the same is obtained from the Special Permit Granting Authority, or its Designee. The Building Inspector will notify the City Council in writing of the new potential owner and/or operator of the proposed business looking to operate under the previously approved Special Permit.

- An agreement shall be entered into with the Building Inspector to meet all conditions on a Special Permit within a specified time frame.

- If the petitioner requests a postponement or recess of the Special Permit public hearing, the City Council shall take formal action to approve said request. If the request is denied, the applicant shall be prepared to go forward with the Special Permit hearing. If the City Council approved said request, the petitioner must re-notify abutters of the re-scheduled hearing day by "registered return receipt" mail. Those receipts must be returned to the City Clerk at least seven (7) days prior to the hearing. The City Clerk shall send the initial notice to abutters of the scheduled public hearing by regular mail.

SIGNATURE _____

PRINT NAME _____

FAX No. _____

E-MAIL ADDRESS _____

I hereby assign and affirm that I am aware of the Special Permit application being filed on behalf of the applicant, and that under the rules and regulations of the Special Permit Granting Authority, my representative or I must be in attendance at the Special Permit public hearing scheduled by the Peabody City Council.

SIGNATURE OF PROPERTY OWNER _____

PRINT NAME OF PROPERTY OWNER _____

The Building Inspector of the City of Peabody has determined that the application for Special Permit is valid / invalid as specified under the Zoning Ordinance of the City of Peabody.

Signature of Building Inspector: _____.

PEABODY CITY COUNCIL

Ward Councillors

Barry P. Osborne, Ward 1
Arthur W. Athas, Ward 2
Rico E. Mello, Ward 3
Robert E. Driscoll, Ward 4
David R. Gamache, Ward 5
Barry C. Sinewitz, Ward 6

Councillors at Large

Michael V. Garabedian
Thomas L. Gould
David C. Gravel
James K. Liacos
Anne M. Manning-Martin

Clerk of Council
Timothy E. Spanos

City Council Stenographer
Allyson Danforth, RPR

City Hall
24 Lowell Street

978-538-5900
FAX (978) 538-5985

Filing Requirements for Inflammables License:

1. Application for license to be completed

2. An application and site plan to be filed with the City Clerk's Office and Fire Prevention Office.

   The application to the City Clerk must include a check for payment of legal notice and certified list of abutters from the Assessors Office. The City Council schedules a public hearing on the application. A legal notice is prepared by the City Clerk. Direct abutters are notified of the public hearing by the City Clerk.

   You have a choice of newspaper where to have your legal notice published. Please make check payable to one of the following newspapers in the amount specified:

WEEKLY NEWS	***SALEM NEWS & LYNN ITEM***
28.50	Amount to be determined

3. Fire Chief must sign indicate either Approval or Disapproval to the license application before a public hearing is scheduled.

4. The applicant will be notified of the public hearing. The applicant or his/her representative must be present at the public hearing.

5. After approval by the City Council, the City Clerk will issue a License and Certificate of Registration. The License fee will be determined based on the type and amount of storage.

FP-2A
(Rev. 12-2008)

The Commonwealth of Massachusetts

City/Town of _____

Application For License

Massachusetts General Law, Chapter 148 §13

❑ New License ❑ Amended License

Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described.

Location of Land: _____
Street, Number and Assessor's Map and Parcel ID

Attach a plot plan of the property indicating the location of property lines and all buildings or structures.

Owner of Land: _____

Address of Land Owner: _____

Use and Occupancy of Buildings and Structures: _____

If this is an application for amendment of an existing license, indicate date of original license and any subsequent amendments _____
Attach a copy of the current license

Fireworks *(Complete this section for the storage of fireworks)*

Indicate classes of fireworks to be stored and maximum quantity of each class. *(See 527 CMR 2)*

- Maximum amount (*in pounds*) of Class **1.3G**: _____ Type/class of magazine used for storage: _____
- Maximum amount (*in pounds*) of Class **1.4G**: _____ Type/class of magazine used for storage: _____
- Maximum amount (*in pounds*) of Class **1.4**: _____ Type/class of magazine used for storage: _____

Total aggregate quantity of all classes of fireworks to be stored: _____

LP-gas *(Complete this section for the storage of LP-gas or propane)*

Indicate the maximum quantity of LP-gas to be stored and the sizes and capacities of all storage containers. *(See 527 CMR 6)*

- Maximum quantity (*in gallons*) of LP-gas to be stored in aboveground containers: _____

  List sizes and capacities of all underground containers used for storage: _____

  _____

- Maximum quantity (*in gallons*) of LP-gas to be stored in underground containers: _____

  List sizes and capacities of all underground containers used for storage: _____

  _____

Total aggregate quantity of all LP-gas to be stored: _____

Explosives *(Complete this section for the storage of explosives)*

Indicate classes of explosive to be stored and maximum quantity of each class. *(See 527 CMR 13)*

- Maximum amount (*in pounds*) of Class **1.1**: _____ Number of magazines used for storage: _____
- Maximum amount (*in pounds*) of Class **1.2**: _____ Number of magazines used for storage: _____
- Maximum amount (*in pounds*) of Class **1.3**: _____ Number of magazines used for storage: _____
- Maximum amount (*in pounds*) of Class **1.4**: _____ Number of magazines used for storage: _____
- Maximum amount (*in pounds*) of Class **1.5**: _____ Number of magazines used for storage: _____
- Maximum amount (*in pounds*) of Class **1.6**: _____ Number of magazines used for storage: _____

Flammable and Combustible Liquids, Flammable Gases and Solids

Complete this section for the storage of flammable and combustible liquids solids and gases; see 527 CMR 14; Attach additional pages if needed. All tanks and containers are considered full for the purposes of licensing and permitting.

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, Cubic feet	CONTAINER UST, AST, IBC, drums

Total quantity of all flammable liquids to be stored: _____
Total quantity of all combustible liquids to be stored: _____
Total quantity of all flammable gases to be stored: _____
Total quantity of all flammable solids to be stored: _____

I, _____, hereby attest that I am authorized to make this application. I acknowledge that the information contained herein is accurate and complete to the best of my knowledge and belief. I acknowledge that all materials stored pursuant to any license granted hereunder must be stored or kept in accordance with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts Chapter 148, and the Massachusetts Fire Code (527 CMR). I further acknowledge that the storage of any material specified in any license granted hereunder may not exceed the maximum quantity specified by the license.

Signature_____ Date_____ Name_____

Fire Department Use Only

I, _____, Head of the _____ Fire Department endorse this application with my

☐ Approval ☐ Disapproval

_____
Signature of Head of the Fire Department Date

Recommendations: _____

_____

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40
And "The City of Peabody-Wetlands & Rivers Protection Ordinance: CH 32

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

City/Town

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Note: Before completing this form consult your local Conservation Commission regarding any municipal bylaw or ordinance.

A. General Information

1. Project Location (**Note:** electronic filers will click on button to locate project site):

a. Street Address | b. City/Town | c. Zip Code

Latitude and Longitude: | d. Latitude | e. Longitude

f. Assessors Map/Plat Number | g. Parcel /Lot Number

2. Applicant:

a. First Name | b. Last Name

c. Organization

d. Street Address

e. City/Town | f. State | g. Zip Code

h. Phone Number | i. Fax Number | j. Email Address

3. Property owner (required if different from applicant): ☐ Check if more than one owner

a. First Name | b. Last Name

c. Organization

d. Street Address

e. City/Town | f. State | g. Zip Code

h. Phone Number | i. Fax Number | j. Email address

4. Representative (if any):

a. First Name | b. Last Name

c. Company

d. Street Address

e. City/Town | f. State | g. Zip Code

h. Phone Number | i. Fax Number | j. Email address

5. Total WPA Fee Paid (from NOI Wetland Fee Transmittal Form):

a. Total Fee Paid | b. State Fee Paid | c. City/Town Fee Paid

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

City/Town

A. General Information (continued)

6. General Project Description:

7a. Project Type Checklist:

1. ☐ Single Family Home
2. ☐ Residential Subdivision
3. ☐ Limited Project Driveway Crossing
4. ☐ Commercial/Industrial
5. ☐ Dock/Pier
6. ☐ Utilities
7. ☐ Coastal Engineering Structure
8. ☐ Agriculture (e.g., cranberries, forestry)
9. ☐ Transportation
10. ☐ Other

7b. Is any portion of the proposed activity eligible to be treated as a limited project subject to 310 CMR 10.24 (coastal) or 310 CMR 10.53 (inland)?

1. ☐ Yes ☐ No If yes, describe which limited project applies to this project:

2. Limited Project

8. Property recorded at the Registry of Deeds for:

a. County

b. Certificate # (if registered land)

c. Book

d. Page Number

B. Buffer Zone & Resource Area Impacts (temporary & permanent)

1. ☐ Buffer Zone Only – Check if the project is located only in the Buffer Zone of a Bordering Vegetated Wetland, Inland Bank, or Coastal Resource Area.
2. ☐ Inland Resource Areas (see 310 CMR 10.54-10.58; if not applicable, go to Section B.3, Coastal Resource Areas).

Check all that apply below. Attach narrative and any supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

For all projects affecting other Resource Areas, please attach a narrative explaining how the resource area was delineated.

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
a. ☐ Bank	1. linear feet	2. linear feet
b. ☐ Bordering Vegetated Wetland	1. square feet	2. square feet
c. ☐ Land Under Waterbodies and Waterways	1. square feet 3. cubic yards dredged	2. square feet

B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
d. ☐ Bordering Land Subject to Flooding	1. square feet	2. square feet
	3. cubic feet of flood storage lost	4. cubic feet replaced
e. ☐ Isolated Land Subject to Flooding	1. square feet	
	2. cubic feet of flood storage lost	3. cubic feet replaced
f. ☐ Riverfront Area	1. Name of Waterway (if available)	

2. Width of Riverfront Area (check one):

☐ 25 ft. - Designated Densely Developed Areas only

☐ 100 ft. - New agricultural projects only

☐ 200 ft. - All other projects

3. Total area of Riverfront Area on the site of the proposed project: _____ square feet

4. Proposed alteration of the Riverfront Area:

a. total square feet _____ b. square feet within 100 ft. _____ c. square feet between 100 ft. and 200 ft. _____

5. Has an alternatives analysis been done and is it attached to this NOI? ☐ Yes ☐ No

6. Was the lot where the activity is proposed created prior to August 1, 1996? ☐ Yes ☐ No

3. ☐ Coastal Resource Areas: (See 310 CMR 10.25-10.35)

Check all that apply below. Attach narrative and supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

Online Users: Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
a. ☐ Designated Port Areas	Indicate size under Land Under the Ocean, below	
b. ☐ Land Under the Ocean	1. square feet	
	2. cubic yards dredged	
c. ☐ Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. ☐ Coastal Beaches	1. square feet	2. cubic yards beach nourishment
e. ☐ Coastal Dunes	1. square feet	2. cubic yards dune nourishment

B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

	Size of Proposed Alteration	Proposed Replacement (if any)
f. ☐ Coastal Banks	1. linear feet	
g. ☐ Rocky Intertidal Shores	1. square feet	
h. ☐ Salt Marshes	1. square feet	2. sq ft restoration, rehab., creation
i. ☐ Land Under Salt Ponds	1. square feet 2. cubic yards dredged	
j. ☐ Land Containing Shellfish	1. square feet	
k. ☐ Fish Runs	Indicate size under Coastal Banks, inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above 1. cubic yards dredged	
l. ☐ Land Subject to Coastal Storm Flowage	1. square feet	

4. ☐ Restoration/Enhancement
If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.2.b or B.3.h above, please enter the additional amount here.

a. square feet of BVW _____ b. square feet of Salt Marsh _____

5. ☐ Project Involves Stream Crossings

a. number of new stream crossings _____ b. number of replacement stream crossings _____

C. Other Applicable Standards and Requirements

Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review

1. Is any portion of the proposed project located in **Estimated Habitat of Rare Wildlife** as indicated on the most recent Estimated Habitat Map of State-Listed Rare Wetland Wildlife published by the Natural Heritage and Endangered Species Program (NHESP)? To view habitat maps, see the *Massachusetts Natural Heritage Atlas* or go to http://www.mass.gov/dfwele/dfw/nhesp/regulatory_review/priority_habitat/online_viewer.htm.

a. ☐ Yes ☐ No **If yes, include proof of mailing or hand delivery of NOI to:**

Natural Heritage and Endangered Species Program
Division of Fisheries and Wildlife
Route 135, North Drive
Westborough, MA 01581

b. Date of map _____

C. Other Applicable Standards and Requirements (cont'd)

If *yes*, the project is also subject to Massachusetts Endangered Species Act (MESA) review (321 CMR 10.18). To qualify for a streamlined, 30-day, MESA/Wetlands Protection Act review, please complete Section C.1.C, and include requested materials with this Notice of Intent (NOI); *OR* complete Section C.1.d, if applicable. *If MESA supplemental information is not included with the NOI, by completing Section 1 of this form, the NHESP will require a separate MESA filing which may take up to 90 days to review (unless noted exceptions in Section 2 apply, see below).*

1. c. Submit Supplemental Information for Endangered Species Review*

   1. ☐ Percentage/acreage of property to be altered:

      (a) within wetland Resource Area _____ percentage/acreage

      (b) outside Resource Area _____ percentage/acreage

   2. ☐ Assessor's Map or right-of-way plan of site

   3. ☐ Project plans for entire project site, including wetland resource areas and areas outside of wetlands jurisdiction, showing existing and proposed conditions, existing and proposed tree/vegetation clearing line, and clearly demarcated limits of work ****

      (a) ☐ Project description (including description of impacts outside of wetland resource area & buffer zone)

      (b) ☐ Photographs representative of the site

      (c) ☐ MESA filing fee (fee information available at: http://www.mass.gov/dfwele/dfw/nhesp/regulatory_review/mesa/mesa_fee_schedule.htm). Make check payable to "Commonwealth of Massachusetts - NHESP" and ***mail to NHESP*** at above address

      *Projects altering **10 or more acres** of land, also submit:*

      (d) ☐ Vegetation cover type map of site

      (e) ☐ Project plans showing Priority & Estimated Habitat boundaries

   d. OR Check One of the Following

      1. ☐ Project is exempt from MESA review.
         Attach applicant letter indicating which MESA exemption applies. (See 321 CMR 10.14, http://www.mass.gov/dfwele/dfw/nhesp/regulatory_review/mesa/mesa_exemptions.htm; the NOI must still be sent to NHESP if the project is within estimated habitat pursuant to 310 CMR 10.37 and 10.59.)

      2. ☐ Separate MESA review ongoing. _____ a. NHESP Tracking # _____ b. Date submitted to NHESP

---

* Some projects **not** in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see http://www.mass.gov/dfwele/dfw/nhesp/nhesp.htm, regulatory review tab). Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

** MESA projects may not be segmented (321 CMR 10.16). The applicant must disclose full development plans even if such plans are not required as part of the Notice of Intent process.

C. Other Applicable Standards and Requirements (cont'd)

3. ☐ Separate MESA review completed.
Include copy of NHESP "no Take" determination or valid Conservation & Management Permit with approved plan.

2. For coastal projects only, is any portion of the proposed project located below the mean high water line or in a fish run?

a. ☐ Not applicable – project is in inland resource area only

b. ☐ Yes ☐ No If yes, include proof of mailing or hand delivery of NOI to either:

South Shore - Cohasset to Rhode Island, and the Cape & Islands:	North Shore - Hull to New Hampshire:
Division of Marine Fisheries - Southeast Marine Fisheries Station Attn: Environmental Reviewer 1213 Purchase Street – 3rd Floor New Bedford, MA 02740-6694	Division of Marine Fisheries - North Shore Office Attn: Environmental Reviewer 30 Emerson Avenue Gloucester, MA 01930

Also if yes, the project may require a Chapter 91 license. For coastal towns in the Northeast Region, please contact MassDEP's Boston Office. For coastal towns in the Southeast Region, please contact MassDEP's Southeast Regional Office.

3. Is any portion of the proposed project within an Area of Critical Environmental Concern (ACEC)?

a. ☐ Yes ☐ No If yes, provide name of ACEC (see instructions to WPA Form 3 or MassDEP Website for ACEC locations). **Note:** electronic filers click on Website.

b. ACEC

Online Users: Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

4. Is any portion of the proposed project within an area designated as an Outstanding Resource Water (ORW) as designated in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?

a. ☐ Yes ☐ No

5. Is any portion of the site subject to a Wetlands Restriction Order under the Inland Wetlands Restriction Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, § 105)?

a. ☐ Yes ☐ No

6. Is this project subject to provisions of the MassDEP Stormwater Management Standards?

a. ☐ Yes. Attach a copy of the Stormwater Report as required by the Stormwater Management Standards per 310 CMR 10.05(6)(k)-(q) and check if:

1. ☐ Applying for Low Impact Development (LID) site design credits (as described in Stormwater Management Handbook Vol. 2, Chapter 3)

2. ☐ A portion of the site constitutes redevelopment

3. ☐ Proprietary BMPs are included in the Stormwater Management System.

b. ☐ No. Check why the project is exempt:

1. ☐ Single-family house

C. Other Applicable Standards and Requirements (cont'd)

2. ☐ Emergency road repair

3. ☐ Small Residential Subdivision (less than or equal to 4 single-family houses or less than or equal to 4 units in multi-family housing project) with no discharge to Critical Areas.

D. Additional Information

Applicants must include the following with this Notice of Intent (NOI). See instructions for details.

Online Users: Attach the document transaction number (provided on your receipt page) for any of the following information you submit to the Department.

1. ☐ USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site. (Electronic filers may omit this item.)

2. ☐ Plans identifying the location of proposed activities (including activities proposed to serve as a Bordering Vegetated Wetland [BVW] replication area or other mitigating measure) relative to the boundaries of each affected resource area.

3. ☐ Identify the method for BVW and other resource area boundary delineations (MassDEP BVW Field Data Form(s), Determination of Applicability, Order of Resource Area Delineation, etc.), and attach documentation of the methodology.

4. ☐ List the titles and dates for all plans and other materials submitted with this NOI.

a. Plan Title

b. Prepared By

c. Signed and Stamped by

d. Final Revision Date

e. Scale

f. Additional Plan or Document Title

g. Date

5. ☐ If there is more than one property owner, please attach a list of these property owners not listed on this form.

6. ☐ Attach proof of mailing for Natural Heritage and Endangered Species Program, if needed.

7. ☐ Attach proof of mailing for Massachusetts Division of Marine Fisheries, if needed.

8. ☐ Attach NOI Wetland Fee Transmittal Form

9. ☐ Attach Stormwater Report, if needed.

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

City/Town

E. Fees

1. ☐ Fee Exempt: No filing fee shall be assessed for projects of any city, town, county, or district of the Commonwealth, federally recognized Indian tribe housing authority, municipal housing authority, or the Massachusetts Bay Transportation Authority.

Applicants must submit the following information (in addition to pages 1 and 2 of the NOI Wetland Fee Transmittal Form) to confirm fee payment:

2. Municipal Check Number	3. Check date
4. State Check Number	5. Check date
6. Payor name on check: First Name	7. Payor name on check: Last Name

F. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Conservation Commission will place notification of this Notice in a local newspaper at the expense of the applicant in accordance with the wetlands regulations, 310 CMR 10.05(5)(a).

I further certify under penalties of perjury that all abutters were notified of this application, pursuant to the requirements of M.G.L. c. 131, § 40. Notice must be made by Certificate of Mailing or in writing by hand delivery or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

1. Signature of Applicant	2. Date
3. Signature of Property Owner (if different)	4. Date
5. Signature of Representative (if any)	6. Date

For Conservation Commission:
Two copies of the completed Notice of Intent (Form 3), including supporting plans and documents, two copies of the NOI Wetland Fee Transmittal Form, and the city/town fee payment, to the Conservation Commission by certified mail or hand delivery.

For MassDEP:
One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a **copy** of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

Other:
If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

The original and copies must be sent simultaneously. Failure by the applicant to send copies in a timely manner may result in dismissal of the Notice of Intent.

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

NOI Wetland Fee Transmittal Form

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. Applicant Information

1. Applicant:

a. First Name | b. Last Name

c. Organization

d. Mailing Address

e. City/Town | f. State | g. Zip Code

h. Phone Number | i. Fax Number | j. Email Address

2. Property Owner (if different):

a. First Name | b. Last Name

c. Organization

d. Mailing Address

e. City/Town | f. State | g. Zip Code

h. Phone Number | i. Fax Number | j. Email Address

3. Project Location:

a. Street Address | b. City/Town

To calculate filing fees, refer to the category fee list and examples in the instructions for filling out WPA Form 3 (Notice of Intent).

B. Fees

The fee should be calculated using the following six-step process and worksheet. **Please see Instructions before filling out worksheet.**

Step 1/Type of Activity: Describe each type of activity that will occur in wetland resource area and buffer zone.

Step 2/Number of Activities: Identify the number of each type of activity.

Step 3/Individual Activity Fee: Identify each activity fee from the six project categories listed in the instructions.

Step 4/Subtotal Activity Fee: Multiply the number of activities (identified in Step 2) times the fee per category (identified in Step 3) to reach a subtotal fee amount. Note: If any of these activities are in a Riverfront Area in addition to another Resource Area or the Buffer Zone, the fee per activity should be multiplied by 1.5 and then added to the subtotal amount.

Step 5/Total Project Fee: Determine the total project fee by adding the subtotal amounts from Step 4.

Step 6/Fee Payments: To calculate the state share of the fee, divide the total fee in half and subtract $12.50. To calculate the city/town share of the fee, divide the total fee in half and add $12.50.

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

NOI Wetland Fee Transmittal Form

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Fees (continued)

Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee

Step 5/Total Project Fee: _____

Step 6/Fee Payments:

Total Project Fee:	a. Total Fee from Step 5
State share of filing Fee:	b. 1/2 Total Fee **less** $12.50
City/Town share of filling Fee:	c. 1/2 Total Fee **plus** $12.50

C. Submittal Requirements

a.) Complete pages 1 and 2 and send with a check or money order for the state share of the fee, payable to the Commonwealth of Massachusetts.

Department of Environmental Protection
Box 4062
Boston, MA 02211

b.) **To the Conservation Commission:** Send the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and the city/town fee payment.

To MassDEP Regional Office (see Instructions): Send a copy of the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and a **copy** of the state fee payment. (E-filers of Notices of Intent may submit these electronically.)

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 8A – Request for Certificate of Compliance

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40
And the City of Peabody-Wetlands & Rivers Protection Ordinance Ch 32

DEP File Number:

Provided by DEP

A. Project Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. This request is being made by:

Name

Mailing Address

City/Town | State | Zip Code

Phone Number

2. This request is in reference to work regulated by a final Order of Conditions issued to:

Applicant

Dated | DEP File Number

Upon completion of the work authorized in an Order of Conditions, the property owner must request a Certificate of Compliance from the issuing authority stating that the work or portion of the work has been satisfactorily completed.

3. The project site is located at:

Street Address | City/Town

Assessors Map/Plat Number | Parcel/Lot Number

4. The final Order of Conditions was recorded at the Registry of Deeds for:

Property Owner (if different)

County | Book | Page

Certificate (if registered land)

5. This request is for certification that (check one):

☐ the work regulated by the above-referenced Order of Conditions has been satisfactorily completed.

☐ the following portions of the work regulated by the above-referenced Order of Conditions have been satisfactorily completed (use additional paper if necessary).

☐ the above-referenced Order of Conditions has lapsed and is therefore no longer valid, and the work regulated by it was never started.

A. Project Information (cont.)

6. Did the Order of Conditions for this project, or the portion of the project subject to this request, contain an approval of any plans stamped by a registered professional engineer, architect, landscape architect, or land surveyor?

   ☐ Yes — If yes, attach a written statement by such a professional certifying substantial compliance with the plans and describing what deviation, if any, exists from the plans approved in the Order.

   ☐ No

B. Submittal Requirements

Requests for Certificates of Compliance should be directed to the issuing authority that issued the final Order of Conditions (OOC). If the project received an OOC from the Conservation Commission, submit this request to that Commission. If the project was issued a Superseding Order of Conditions or was the subject of an Adjudicatory Hearing Final Decision, submit this request to the appropriate DEP Regional Office (see http://www.mass.gov/dep/about/region/findyour.htm).

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

City/Town

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40
And the City of Peabody-Wetlands & Rivers Protection Ordinance Ch 32

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. Applicant:

Name | E-Mail Address

Mailing Address

City/Town | State | Zip Code

Phone Number | Fax Number (if applicable)

2. Representative (if any):

Firm

Contact Name | E-Mail Address

Mailing Address

City/Town | State | Zip Code

Phone Number | Fax Number (if applicable)

B. Determinations

1. I request the _____ make the following determination(s). Check any that apply:
Conservation Commission

☐ a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.

☐ b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.

☐ c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.

☐ d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Name of Municipality

☐ e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

Street Address | City/Town

Assessors Map/Plat Number | Parcel/Lot Number

b. Area Description (use additional paper, if necessary):

c. Plan and/or Map Reference(s):

Title | Date

Title | Date

Title | Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- ☐ Single family house on a lot recorded on or before 8/1/96
- ☐ Single family house on a lot recorded after 8/1/96
- ☐ Expansion of an existing structure on a lot recorded after 8/1/96
- ☐ Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- ☐ New agriculture or aquaculture project
- ☐ Public project where funds were appropriated prior to 8/7/96
- ☐ Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- ☐ Residential subdivision; institutional, industrial, or commercial project
- ☐ Municipal project
- ☐ District, county, state, or federal government project
- ☐ Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)

D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Name

Mailing Address

City/Town

State | Zip Code

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant | Date

Signature of Representative (if any) | Date

FP6 (rev.3/00)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775

APPLICATION FOR PERMIT

City or Town Peabody

Date _____

DIG SAFE NUMBER

_____

Start Date: _____

In accordance with the provisions of M.G.L Chapter 148, as provided in Section 10A application is hereby made

by _____

Address: _____

For permission to (state clearly purpose for which permit is requested)
INSTALLATION OF NEW FIRE ALARM SYSTEM THROUGHOUT BUILDING AS PER NFPA 72:
ALL TEST & INSPECTION DOCUMENTATION, RECORD OF COMPLETION, AFFIDAVIT, ITEMIZED LIST OF DEVICES DUE UPON COMPLETION.

Name of competent operator (If Applicable) _____ Cert. No. _____

Date Issued-rejected: _____ By _____
(Signature of Applicant)

Date of expiration: _____ Fee _____ Paid _____ Due _____

FP6 (rev.3/00)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775

PERMIT

City or Town Peabody

Date _____

Permit Number (if applicable) _____

DIG SAFE NUMBER

_____

Start Date: _____

In accordance with the provisions of M.G.L Chapter 148, as provided in Section 10A _____ this permit is granted

to _____
(Full name of person, Firm or Corportaion)

for INSTALLATION OF NEW _____ THROUGHOUT BUILDING AS PER NFPA 72:

Restrictions **Consistent with safety in accordance w/NFPA 72 and Chapter 9 State Bldg. Code and 527 CMR 24.**

at _____
(Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid _____ This Permit will expire on _____

Signature of Official Granting Permit _____ Title _____

This permit must be conspicuously posted upon the premises.

City of Peabody Fire Department
Bureau of Fire Prevention
47 Lowell Street
Peabody, MA 01960
Office: 978-531-2200 Fax: 978-977-0828
www.peabodyfire.org

TENT/CANOPY PERMIT CHECKLIST

General Requirements

- Tent/canopy inspection shall be required for the International Festival as per 527 CMR 19.
- Checklist shall be affixed to the tent/canopy in a conspicuous/visible location.
- Inspection shall be conducted by a representative of the Peabody Fire Department.
- Tent/canopy shall be maintained in good condition and adequately roped, braced and anchored to withstand the elements of weather and prevent against collapsing.
- Tent/canopy shall be certified as having flame resistant material OR treated with flame retardant.
- Smoking in tent/canopy is prohibited.
- If tent/canopy is located on a public sidewalk, an unobstructed 3 foot clearance shall be provided for pedestrian and handicapped access when street is open to vehicular traffic.
- A 10 foot separation shall be maintained between tents/canopies.

Permit Approved By: _____
(Fire Department Signature)

Print Name:_____ **Date:** _____

OUTDOOR FOOD VENDOR SAFETY CHECKLIST

Outdoor Cooking Requirements

- Cooking involving grease laden vapors within a mobile vendor vehicle is prohibited unless an approved Type I hood and fire extinguishing system is installed in accordance with NFPA 96.
- Portable open flame devices fueled by flammable gases or liquids shall be enclosed or installed in such a manner as to prevent the flame from contacting combustible material.
- Cooking or heating equipment shall not be located within 10' of exits or combustible materials.
- Outdoor cooking involving grease-laden vapors shall not be performed within 10' of a tent, canopy or membrane structure, unless approved by the head of the Fire Department.

Propane Specific Requirements

- All cooking equipment shall be of an approved UL Listed type.
- All hoses, fittings, couplings etc., shall be approved for use with cooking equipment.
- Propane cylinders shall be stored in an upright and secured position.
- Cylinders shall not be placed where they can be exposed to vehicular damage.

Charcoal or Wood Barbecuing

- Charcoal barbeque cooking is prohibited under a canopy or tent.
- Only commercially sold charcoal lighter fluid or electric starters may be used.
- Coals shall be disposed of only in metal containers that have been designated for such use.
- Dumping of coals in trash containers is prohibited.

Portable Fire Extinguishers

- A minimum "2A10B-C" rated fire extinguisher is required.
- A "K" rated fire extinguisher is required when cooking equipment involves grease laden vapors
- All portable fire extinguishers shall be serviced and inspected annually.

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

APPLICATION FOR PERMIT TO KEEP CERTAIN ANIMALS

Chapter 6, Section 6-1, Code of the City of Peabody
No person shall keep or allow to be kept upon any premises in his possession within the city, horses, swine, sheep, goats, fowl and cows, without first securing a permit from the Board of Health. Such permit shall expire annually on January 1 unless revoked.

Applicant's Name _____

Applicant's Address _____

Contact Number: _____

Contact Email: _____

Type and number of animals to be kept on premises

_____

Please respond to the following questions. The Massachusetts Department of Agricultural Resources Division of Animal Health has posted best management practices at http://www.mass.gov/agr/animalhealth/. :

1. Is the applicant the sole owner of the property where animals will be kept? YES/NO
2. If no, please provide signed written statements from all property owners granting permission for the keeping of animals.
3. What is the size of the property lot in square feet? _____

ANIMAL HOUSING/ PEN:

1. Location

a. Will the housing/pen enclosure be in the rear yard of the property? YES/NO

b. Will the housing/pen enclosure be at least five (5) or ten (10) feet from all property lines? YES/NO

c. Will the housing/pen enclosure be at least 15 feet from existing residences on adjacent lots? YES/NO

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
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BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

d. Will the housing/pen enclosure be located at least 200 feet from the high water mark of any known source of drinking water supply, and at least 50 feet from any drinking water well? YES/NO

e. Has a building permit been obtained, if required, for the construction of the housing? YES/NO

f. Will the housing/pen enclosure interfere with any utility or other feature of the property that needs suitable access? YES/NO

g. Will the housing/pen enclosure be located in a well-drained area that does not discharge to a public way or neighbor's property? YES/NO

h. Please provide a plot plan drawn to scale depicting all of the following: all structures on property, all structures on abutting properties, and proposed locations of the housing/pen enclosure, composting/manure storage and food storage.

2. Construction

   a. What are the dimensions of the structure housing the animals? _____

   b. What is the minimum amount of interior floor square footage for each animal? _____

   c. What is the minimum amount of exterior pen square footage for each animal? _____

   d. Will the housing/pen enclosure be securely constructed in a manner that excludes predators and pests, including those that fly, burrow and reach? YES/NO

   e. Will the pen enclosure have a predator- and pest-proof material across the top? YES/NO

   f. Will the housing provide protection from the elements as needed? YES/NO

   g. Will the housing be constructed in such a manner and with such materials that allow for effective weekly cleaning? YES/NO

   h. Describe any fencing as well as other sound and sight barriers to structure:

   _____

   i. On a separate page, please provide a detailed description of the housing/ pen enclosure, including square footages and photographs if possible.

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DIRECTOR

3. Maintenance

a. Will the feed be securely stored in a rodent- and pest-proof container? YES/NO

b. Will the feed leftover from feeding remain in an area accessible to rodents and pests past dusk? YES/NO

c. If weather is too cold, or composting is otherwise not possible, will there be a sealable container for waste to be stored until disposal? YES/NO

d. If composting is possible, how and where will waste be composted with carbonaceous material such as hay, bedding, or leaves? Please identify composting/ manure storage location on required plot plan.

_____

_____

_____

e. What measures will be taken to prevent the buildup of pests or rodent populations due to the presence of animals on the property?

_____

_____

_____

f. Please provide a separate detailed written maintenance plan describing the following: cleaning practices and schedule for the housing/pen enclosure and feed and water containers; which anti- bacterial/viral cleaning solution will be used; which bedding material will be used in the housing and at which depth it will be provided; how frequently the bedding material will be composted; and any other appropriate nuisance (odor & noise) prevention measures that will be taken.

II. **ANIMALS:**

1. Animal keeper

a. Will the animal keeper be taking, or has the animal keeper taken, a class in keeping animals? YES/NO
If yes, please provide a copy of a certificate of completion from an animal-keeping course.

b. Will there be a knowledgeable person in charge to care for the animals during vacations or extended leaves? YES/NO

2. Source

a. Where will the animals be acquired from and what documentation will be provided?

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
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BOARD OF HEALTH
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LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

_____

_____

b. For chickens, will the hens be acquired from S. pullorum clean sources from National Poultry Improvement Plan (NPIP) participants? YES/NO

3. Health & Disease Concerns

a. Will the animals be vaccinated from any communicable diseases? YES/NO
If yes, from what?_____

b. Will newly acquired animals be isolated from healthy resident animals? YES/NO
If yes, where and for how long?_____

c. For chickens, will the hens be separated from wild migratory fowl at all times? YES/NO

d. What will be done with an animal if it dies? _____

To complete this application the following materials must be provided:

- If applicant is not sole property owner, signed written statements from all property owners granting permission for the keeping of animals
- Plot plan drawn to scale depicting all of the following: all structures on property, all structures on abutting properties, proposed locations of the housing/pen enclosure, composting/manure storage and food storage, and distance of housing and pen from property lines and existing adjacent residences. The BOH reserves the right to require the applicant to provide a plot plan certified by a professional engineer or land surveyor to resolve any questions or disputes relating to the conformance of the placement of the housing and pen with any and all relevant property setbacks and zoning bylaw requirements.
- Written maintenance plan and description of housing/pen enclosure
- Copy of certificate of completion from an animal-keeping course if applicable

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 filled all state tax returns and paid all state taxes required under law.

I have read the City of Peabody Code and Guidelines regarding the keeping of animals and understand the requirements as outlined. I understand that failure to comply with these requirements and failure to prevent a public health nuisance may result in revocation of my Permit to Keep Animals.

Signature: _____ Date: _____

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BOARD OF HEALTH
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LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

----------Office use only----------

Date application received: _____

Fee ($50.00) *received:* _____ *Date:* _____

Date of abutter notification: _____

Date of public hearing: _____

Inspection date(s): _____

Application approved date: _____

Stipulations: _____

Application denied date: _____

Application initiated as a result of complaint? Yes No

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BOARD OF HEALTH
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CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, MD, MPH

ATTACHMENT A to City of Peabody
Board of Health Body Piercing Regulations

APPLICATION FOR PERMIT TO OPERATE A BODY PIERCING ESTABLISHMENT

1. **Name of establishment:** _____
2. Address of establishment: _____
3. Telephone number of establishments: _____
4. Name of establishment owner: _____

   Address and telephone number of owner: _____

   _____
5. Number of Piercing Establishments desired: _____
6. Number of licensed Body Piercers anticipated: _____
7. Will the owner designated above be the on-site manager? _____

   If not, designate the name, address and telephone number of the manager:

NAME	TELEPHONE	ADDRESS/CITY/STATE

8. Does the owner operate any other Body Piercing establishments? _____
   If yes, list establishment's names and addresses:

Name	Telephone	Address/City/State

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Piercing Regulations, and that I comply with the contents therein. Enclosed herewith are my original certificate of extermination of the Establishment premises, and my non-refundable **application fee of $300.00.**

Applicant: Signature: _____

Name: _____ Date: _____

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(978) 538-5926
FAX: (978) 538-5990

Board of Health
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

RENEWAL APPLICATION FOR PERMIT TO OPERATE A BODY PIERCING ESTABLISHMENT

1. **Name of establishment:** _____
2. Address of establishment: _____
3. Telephone number of establishments: _____
4. Name of establishment owner: _____

   Address and telephone number of owner: _____

   _____
5. Number of Piercing Establishments desired: _____
6. Number of licensed Body Piercers anticipated: _____
7. Will the owner designated above be the on-site manager? _____

   If not, designate the name, address and telephone number of the manager:

   _____ _____ _____
   NAME **TELEPHONE** **ADDRESS/CITY/STATE**
8. Does the owner operate any other Body Piercing establishments? _____
   If yes, list establishment's names and addresses:

Name	Telephone	Address/City/State

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Piercing Regulations, and that I comply with the contents therein. Enclosed herewith is my **application fee of $300.00 made payable to the "City of Peabody" by December 1.**

Applicant: Signature: _____

Name: _____ Date: _____

SHARON CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
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Board of Health
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LEIGH ANN MANSBERGER, MD

ATTACHMENT B to City of Peabody
Board of Health Body Piercing Regulations

APPLICATION FOR PERMIT TO PERFORM BODY PIERCING

1. Name of body piercer: _____

   _____ _____
   Address/City/State Telephone

2. Name and address of establishment at which employed:

   _____ _____
   Name of Establishment Telephone

   _____
   Address/City/State

3. Body Piercer date of birth: _____

4. Have you previously performed body piercing: _____

   If yes, list establishments names and addresses at which piercing was performed:

Name	Telephone	Address/City/State

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Piercing Regulations, and that I fully comply with the contents therein. Attached hereto are: (1) A certified original birth certificate; (2) evidence (in the form of certified transcripts or original letter from approved providers) that all training requirements of Section 3.2.2.3 have been met, and (3) my non-refundable **application fee of $100.00**.

Applicant: Signature: _____

Name: _____ Date: _____

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
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Board of Health
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STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, MD,MPH

RENEWAL APPLICATION FOR PERMIT TO PERFORM BODY PIERCING

1. Name of body piercer: _____

   _____ _____
   Address/City/State Telephone

2. Name and address of establishment at which employed:

   _____ _____
   Name of Establishment Telephone

   _____
   Address/City/State

3. Body Piercer date of birth: _____

4. Have you previously performed body piercing: _____

   If yes, list establishments names and addresses at which piercing was performed:

Name	Telephone	Address/City/State

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Piercing Regulations, and that I fully comply with the contents therein. Attached hereto is my non-refundable **application fee of $100.00 payable to the "City of Peabody" by December 1**.

Applicant: Signature: _____

Name: _____ Date: _____

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
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Peabody, Massachusetts 01960
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SHARON CAMERON
DIRECTOR

BOARD OF HEALTH
BERNARD H. HOROWITZ,
CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, M.D, MPH

Date Received _____ Permit No. Issued _____

Application for License To Operate Hotel/Motel

I submit my application for a license to operate a Motel/Hotel or Cabins in the **CITY OF PEABODY**:

Establishment Name:			
Address:			
Manager:		**Business Phone:**	
Owner Name:			
Home Address:			
City	State	Zip Code	Home Phone:
❑ MOTEL	❑ HOTEL		
No. of Units:			

Renewal Fee: $100.00 (one hundred dollars) **Payable to: CITY OF PEABODY**

Please list the number assigned to the units to be operated by the owner or lessee:

List current Board of Directors:

Method of sewage disposal being used: _____
Is each unit connected with an individual cesspool: Yes_____ No_____

I further agree if the license is granted to me to abide by all rules and regulations, which the Peabody Board of Health may have, adopt or revise.

Signature of Applicant_____ Fire Dept. approval rec'd _____

Home Address of Applicant: _____ Building Insp. approval rec'd _____

EMERGENCY CONTACT PHONE NUMBER: _____

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 filled all state tax returns and paid all state taxes required under law.

_____ _____
Social Security No. or Federal Identification No. Signature of Individual or Corporate Name

_____ _____
Date Corporate Officer (if applicable)

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(978) 538-5926
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Board of Health

BERNARD H. HOROWITZ,
CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEE ANN MANSBERGER, M.D, MPH

RENEWAL Application for License to Operate Hotel/Motel

I submit my application for a license to operate a Motel/Hotel or Cabins in the **CITY OF PEABODY**:

Establishment Name:			
Address:			
Manager:		Business Phone:	
Owner Name:			
Home Address:			
City	State	Zip Code	Home Phone:
❑ MOTEL	❑ HOTEL		
No. of Units:			

Renewal Fee: $100.00 (one hundred dollars) **Payable to: "CITY OF PEABODY"**
Please submit by December 1

Please list the number assigned to the units to be operated by the owner or lessee:

List current Board of Directors:

I further agree if the license is granted to me to abide by all rules and regulations, which the Peabody Board of Health may have, adopt or revise.

Signature of Applicant: _____ Fire Dept. approval rec'd _____

Home Address of Applicant: _____ Building Insp. approval rec'd _____

EMERGENCY CONTACT PHONE NUMBER: _____

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 filled all state tax returns and paid all state taxes required under law.

_____ _____
Social Security No. or Federal Identification No. Signature of Individual or Corporate Name

_____ _____
Date Corporate Officer (if applicable)

City of Peabody

BOARD of HEALTH

Bernard H. Horowitz, Chairman
Stephen Kalivas, R.Ph, Leigh Ann Mansberger, MD, MPH

Food & Milk Establishment Permit Application

The **Applicant** must be an **Owner** of the Food Establishment,
or an **Officer** of the Legal Ownership.

Part I- Food Establishment Name and Location

1. Name of Establishment:_____Telephone:_____

2. Establishment Location:_____

3. E-Mail Address: _____

4. Mailing Address (if different):_____

Part II- Type of Establishment (check all that apply)

Retail Food	**Food Service**	**Catering**
< 1000 SQ FT	0-50 SEATS	Catering License
1000 – 10000 SQ FT	51-150 SEATS	**Mobile**
> 10000 SQ FT	151-499 SEATS	Mobile Food/Cart
	> 500 SEATS	
Church/Organization	**Ice Cream**	**Temporary**
	Seasonal Ice Cream Stand	Up to 14 Days Food
Milk		Up to 14 Days Non-profit
Pasteurization	**Farmers Market**	
	Seasonal Farm Stand	

Part III-Owner of Food Establishment-provide owner's home address if sole proprietor

Full Name:_____

Telephone:_____ Birth Date:_____

Check One
Sole Propieter_____Partnership_____Trust_____Corporation_____Other_____

Mailing Address:_____City_____State & Zip_____

Part III-(cont'd)

If applicant is a corporation:

State of incorporation:_____
Date of incorporation:_____
Principal office:_____
Name/Address of:
President:_____
Treasurer:_____
Clerk:_____

ON-SITE MANAGER

Full Name:_____ Telephone:_____

Mailing Address:_____ City:_____ State and Zip:_____

District/Regional Manager (if applicable)

Full Name:_____ Telephone:_____

Mailing Address:_____ City:_____ State and Zip:_____

Email Address:_____

Part IV-Days and Hours of Operation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DATES OF OPERATION IF NOT ANNUAL:_____

If Food Service Establishment contains 25 or more seats:

Are there one or more persons on duty at all times trained in anti-choking techniques?

Yes:_____ No:_____

Please provide Name and Expiration Date for all trained employees

Name:_____ Expiration Date:_____
Name:_____ Expiration Date:_____
Name:_____ Expiration Date:_____
Name:_____ Expiration Date:_____

If Mobile Food Unit-give the name, address and telephone number of your Base of Operations. Include a list of hand washing/toilet facilities on route.

License Plate#:_____

Part V- Food Preparation Information

Check all that apply

22. Prepares, offers for sale, or serves potentially hazardous food only to order upon a consumer's request.

23. Prepares, offers for sale, or serves potentially hazardous food in advance in quantities based on projected consumer demand and discards food that is not sold at an approved frequency.

24. Prepares, offers for sale, or serves potentially hazardous food using time as the Public Health Control as specified in the Food Codes.

25. Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps, which may include combining potentially hazardous food ingredients; cooking; cooling; reheating; hot or cold holding; freezing or thawing.

26. Prepares food as mentioned in line 23 for delivery to and consumption at a location off the premises of the food establishment where it is prepared.

27. Prepares food as mentioned in line 23 for service to a highly susceptible population.

28 Prepares only food that is not potentially hazardous.

29. Does not prepare, but offers for sale, only prepackaged food that is not potentially hazardous.

PART VI- Signature

I hereby attest to the accuracy of the information provided in this application and I affirm that I will comply with the Federal Food Code and the State Sanitary Code and all other applicable codes. I will allow the Peabody Board of Health or its agent(s) access to this food establishment and to the records as allowed under the said Codes.

Applicant's Signature: _____ Date: _____

ALL FOOD ESTABLISHMENTS MUST INCLUDE A LIST OF CERTIFIED FOOD HANDLERS WITH CERTIFICATES ATTACHED TO THIS APPLICATION

PART VII- Permit Fee Payment is due with application

Fee: Food permit: $

Payable to: 'City of Peabody'
Mail or drop off: City Hall, 24 Lowell Street, Peabody, MA 01960

Ph: (978) 538-5926 fax: (978) 538-5990 Web Page: www.peabody-ma.gov

---

PART VIII- STATE TAX CERTIFICATION FORM

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal I.D. Number: _____

Corporate Name (if applicable): _____

Corporate Officer if a corporation, or other owner: _____

Date: _____

Date Received:_____

Dates Inspected:_____
_____
_____

Approved By:_____

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

SHARON CAMERON
DIRECTOR

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, M.D.

Food Establishment Plan Review Application

Establishment Name: _____

Establishment Address: _____

Applicant Name: _____ Applicant Phone: _____

Plan Review Fee: $100.00 Paid/Date: _____

Circle One: NEW REMODEL ADDITION

Projected Start Date: _____

Projected Completion Date: _____

Supply Delivery Schedule (estimated), Days of Week/ Hours: _____

Anticipated number of meals to be served daily: _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS, SUMMARY SHEETS

A: Proposed Menu

B: Site Plan, including location of outside equipment such as; refrigeration units, dumpster, grease interceptor.

C: Food Establishment Plan Shall Include:

i: Name and Title of Designer and Contractor (include contact information).
ii: Total Square Feet of Facility.
iii: Location of all equipment, including storage of maintenance tools (broom, mop..).
iv: Comprehensive dry storage specifications, i.e. depths of shelves, total linear feet of shelving, storeroom floor area in sqft.
v: Summary of hot water supply requirements.
vi: Summary of reach-in cooler and walk-in cooler space in gross cubic feet (cuft).
vii: Summary of reach-in freezer and walk-in freezer space in gross cubit feet (cuft).
Viii: Material specifications for floors, ceilings and walls

Failure to provide the complete information could result in a delay of the plan review process

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
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SHARON CAMERON
DIRECTOR

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, MD, MPH

The Commonwealth of Massachusetts

CITY OF PEABODY

Board of Health

The undersigned hereby makes application for a license as a

FUNERAL DIRECTOR

in the City of Peabody for the year ending April 30th, 2014.

Name: _____
Please print name

Signed: _____

Date: _____ License Number: _____

Name and location of place of business:

_____

_____

List any other facilities and addresses where you are engaged:

_____

_____

Fee: $50.00 Please make check payable to 'City of Peabody', and return by **April 1, 2013**, to the Peabody Board of Health, 24 Lowell Street, Peabody, MA 01960.

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM MIX

Board of Health
Peabody, MA

In accordance with the provisions of Section 65H of Chapter 94 of the General Laws, as most recently amended, and the regulations made thereunder, the undersigned hereby applies for a license for the **WHOLESALE / RETAIL** manufacture of frozen desserts and or ice cream mix and submits the following information:

1. Full name of applicant:
2. Business address:
3. If applicant is an individual:

Full Name: _____ Residence: _____

3a. If application is a partnership, full name and residence of all partners:

_____
_____
_____
_____

3b. If applicant is a corporation:

State of incorporation: _____
Date of incorporation: _____
Principal office: _____
Name/address of:
President _____
Treasurer _____
Clerk _____

4. Location of Plants: _____
_____

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

5. Names of brands and trade or corporation name, if any, under which the products are to be sold:

_____

6. Number and capacity of freezers:_____
7. Is the mix purchased? Yes No:
8. If Yes, from whom:_____

9. Number of gallons of frozen desserts and/or ice cream mix sold as such in Massachusetts, manufactured during the last calendar year:_____

10. Is the water supply public? Yes No

11. Is the plant constructed and equipped as provided in the regulations:_____

12. Have you received a copy of the regulations?_____

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and will be manufactured under sanitary conditions.

Permit fee: $25.00

_____
Signature of Individual or Corporate Name

Date:_____

Social Security Number or Federal Identification No:_____

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
105 C.M.R. 675.000

INDOOR ICE SKATING RINK CERTIFICATION APPLICATIONS

Pursuant to 105 C.M.R. 675.000 and indoor ice skating rink operator must file this certification application with the local board of health. Please fill out the following information. Please note that this form must be complete. Failure to provide the appropriate information can result in a delay in certification.

Please fill out the following information:

Rink Information:

Name of Rink:
_____ Street:
_____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Owner Information:

Name of Owner of Rink:
_____
Street:
_____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

Skip the following questions in this box if not applicable:
If Owner is a Partnership, list general or other partners and addresses:
_____
_____
If Owner is a Corporation, provide the following information:
State and date of Incorporation:
_____
Address of
Principal _____
Office: _____
Name and Address of President:
_____
_____

Operator Information

If the person or entity responsible for the maintenance and operations of the rink is different from the owner, please provide the following information. If not, skip to contact person information.

Name of Operator of Rink: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

Skip the following questions in this box if not applicable.
If Operator is a Partnership, list general or other partners and addresses: _____

_____

_____

_____

If Operator is a Corporation, provide the following information:
State and Date of Incorporation:

_____

Address of Principal Office:

_____

Name and Address of President:

_____

_____

Name of Contact Person at Rink: _____
Street:

_____

City: _____ State: _____ Zip: _____
Telephone: _____

Dates of Operation of Rink

Opening Date: _____
Closing Date: _____
Open Yearlong: YES NO (circle one)

Ice Resurfacer Information

Brand of ice resurfacer:

_____

Fuel (circle one): Gasoline Propane Natural Gas Other _____
Age of resurfacer _____
Other:

_____

Catalytic Converter (circle one): YES NO
Date of last Tune Up:

_____

Exhaust Discharge at (circle one): Ice Level Above Ice
Name of person/company who did last tune up: _____

Secondary Ice Resurfacer Information (if used)

Brand of ice resurfacer:

_____

Fuel (circle one): Gasoline Propane Natural Gas Other _____
Age of resurfacer: _____
Other:

_____

Catalytic Converter (circle one): YES NO

Date of last tune up: _____
Exhaust Discharge at (circle one): Ice Level Above Ice
Name of person/company who did last tune up:

_____

Edger

Brand of edger: _____
Fuel (circle one): Gasoline Propane Natural Gas Other_____
Age of edger: _____
Other: _____
Catalytic Converter (circle one): YES NO
Date of last tune up: _____
Exhaust discharge at (circle one): Ice Level Above Ice
Name of person/company who did tune up: _____

Air Monitoring Equipment

Type of air monitoring equipment for carbon monoxide:

_____
Date of last calibration: _____
Type of monitoring equipment for nitrogen dioxide:

_____
Date of last calibration: _____

Ventilation

Type of mechanical ventilation: _____
Maximum air flow capacity (in feet per minute):_____
Date of last maintenance: _____

Certification

I hereby certify under the pain and penalties of perjury that I have personally examined and am familiar with the information submitted in this form and that such information is to the best of my knowledge and belief, true, accurate and complete.

Date: _____

Signature: _____

Printed Name: _____

Title: _____

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
105 C.M.R. 675.000

INDOOR ICE SKATING RINK CERTIFICATION/RENEWAL APPLICATION

Pursuant to 105 C.M.R. 675.000 an indoor ice skating rink operator must file this certification application with the local board of health. Please fill out the following information. Please note that this form must be complete. Failure to provide the appropriate information can result in a delay in certification.

Please fill out the following information:

Application Status
Mark one selection

____ New Application ____ Renewal

Rink Information

Name of Rink:_____
Street:_____
City:_____
State: MA
Zip Code:_____
Telephone Number:_____

Owner Information

Name of Owner of Rink:_____
Street:_____
City:_____
State: _____
Zip Code:_____
Contact:_____
Telephone Number:_____

Skip the following questions in this box if not applicable:
If Owner is a Partnership, list general or other partners and addresses:
_____
_____
_____
If Owner is a Corporation, provide the following information:
State & Date of Incorporation:_____
Address of Principal Office:_____
_____
Name and Address of President:_____
_____

Operator Information

If the person or entity responsible for the maintenance and operations of the rink is different from the owner, please provide the following information. If not, skip to contact person information.

Name of Operator of Rink:_____
Street:_____
City:_____
State: _____
Zip Code:_____
Contact:_____
Telephone Number:_____

Skip the following qustions in this box if not applicable:
If Operator is a Partnership, list general or other partners and addresses:
_____
_____
_____
If Operator is a Corporation, provide the following information:
State & Date of Incorporation:_____
Address of Principal Office:_____
_____
Name and Address of President:_____
_____

Name of Contact Person of
Rink:_____
Street:_____
City:_____
State: _____
Zip Code:_____
Telephone Number:_____

Dates of Operation of Rink

Opening Date:_____

Closing Date:_____

Open Yearlong (circle one): Yes No

Ice Resurfacer Information

Brand of ice resurfacer:_____
Fuel (Circle one): Gasoline Propane Natural Gas
Other_____

Age of Resurfacer (in years):_____
Other_____
Catalytic Converter (Circle One): Yes No
Date of Last Tune Up:_____
Exhaust Discharge at (Circle one): Ice Level Above Ice
Name of person/company who did last tune
up:_____

Secondary Ice Resurfacer Information (if used)

Brand of ice resurfacer:_____
Fuel (Circle one): Gasoline Propane Natural Gas
Other_____

Age of Resurfacer (in years):_____
Other_____
Catalytic Converter (Circle One): Yes No
Date of Last Tune Up:_____
Exhaust Discharge at (Circle one): Ice Level Above Ice
Name of person/company who did last tune
up:_____

Edger

Brand of edger:_____
Fuel (Circle one): Gasoline Propane Natural Gas
Other_____

Age of edger(in years):_____
Other_____
Catalytic Convert (Circle One): Yes No
Date of Last Tune Up:_____
Exhaust Discharge at (Circle one): Ice Level Above Ice
Name of person/company who did tune
up:_____

Type of air monitoring equipment for carbon monoxide:_____
Date of Last calibration:_____
Type of air monitoring equipment for nitrogen dioxide:_____
Date of Last calibration:_____

Ventilation

Type of mechanical ventilation:_____
Maximum air flow capacity (in feet per minute):_____
Date of Last Maintenance:_____

I hereby certify under the pain and penalties of perjury that I have personally examined and am familiar with the information submitted in this form and that such information is to the best of my knowledge and belief, true, accurate and complete.

Date:_____

Signature:_____

Printed Name:_____

Title:_____

Form: ice1/1997

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, M.D, MPH

SHARON A. CAMERON
DIRECTOR

APPLICATION FOR LICENSE TO OPERATE MANUFACTURED HOUSING COMMUNITY

Fee $100.00 (One Hundred Dollars)
Payable to the "City of Peabody" by December 1st

☐ New
☐ Renewal

Name of Community: _____

Address: _____

Total number of units: _____

Which units are connected to a cesspool or septic system?

Please list the lot numbers assigned to the units to be operated by the owner or leasee:

_____ _____

_____ _____

Name, address, and phone of Board of Directors or owners:

_____ _____

_____ _____

_____ _____

Manager Name: _____

Address: _____ email: _____

Day Phone Number: _____ Emergency Phone Number: _____

I further agree if the license is granted to me, to abide by all rules and regulations which the Peabody Board of Health may have, adopt, or revise.

_____ _____
Signature of owner or corporate officer Date

RENEWAL APPLICATION MUST BE SUBMITTED BY DECEMBER 1ST

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, M.D, MPH

SHARON A. CAMERON
DIRECTOR

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 by law.

Social Security # or Federal Identification # _____

Signature of Individual or Corporate Name _____

Date _____

Corporate Officer (if applicable) _____

Compliance with Massachusetts General Laws, c. 140 section 32L(5) is required.

The copy of park rules and regulations on file with the Board of Health is dated: _____

If park rules and regulations have been revised since that date, please submit a complete revised set of rules along with this application. You must also certify that any revised rules were submitted for review to the Attorney General's Office and the Mass. Department of Housing and Community Development at least 60 days prior to the effective date of the rule changes, and that those agencies did not object to any portion thereof.

☐ I certify that revised rules were submitted for review to the Attorney General's Office and the Mass. Department of Housing and Community Development at least 60 days prior to the effective date of the rule changes, and that those agencies did not object to any portion thereof.

Manager _____ Date _____

☐ I certify that no changes to the part rules and regulations have been made since the last permitting period. The park rules currently in effect have been in effect since _____ and these rules were submitted to the Attorney General's Office and the Mass. Department of Housing and Community Development at least 60 days prior to their effective date, and those agencies did not object to any portion thereof.

Manager _____ Date _____

Application received date: _____ Fee received: _____ Date: _____

Rules on file: _____ AG and DHCD response: _____

Approved by: _____ Date: _____

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(978) 538-5926
FAX: (978) 538-5990

SHARON CAMERON
DIRECTOR

Board of Health
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, M.D, MPH

To the Board of Health of Peabody, Massachusetts

Application is hereby made for a **LICENSE**
To maintain an establishment for the
PASTEURIZATION OF MILK
under the name of:

_____

Location of business: _____

Make and type of pasteurization apparatus: _____

Temperature and time at which milk is to be pasteurized: _____

Type of building construction: _____

Number of rooms for handling and processing milk: _____

Estimated quantity of milk to be pasteurized daily: _____

Estimated number of employees engaged in the establishment: _____

Number of employees who have had Typhoid Fever: _____

I have _____ received a copy of the regulations: _____

Fee: $50.00 payable to "The City of Peabody"

This is to Certify that this establishment is in compliance with the Regulations of the Massachusetts Department of Public Health Relative to Establishments for the ***Pasteurization of Milk*** *and otherwise in accordance with the provisions of Chapter 94, Section 48A, of the General Laws and Amendments thereto..*

_____
Signature of Applicant

License Granted:

Date: _____

City of Peabody

BOARD of HEALTH

Bernard H. Horowitz, Chairman

Stephen Kalivas, R. PH, Leigh Ann Mansberger, MD, MPH

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address: _____

Telephone Number: _____

Name of Camp Operator (if different):_____

Address: _____

Telephone Number: _____

Name of Health Care Consultant: _____

Address: _____

Telephone Number: _____

Type of Camp: Day_____ Residential_____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing:_____

Swimming Pool: Yes_____ Pool Permit Number_____ No_____

Bathing Beach: Yes_____ No_____

Meals Provided: Yes_____ Food Permit Number_____ No_____

Signature of Applicant: _____

Official Title: _____ Date: _____

Required Documents

In order for your application to be considered complete, the following documents must be attached:

- Staff information forms (105 CMR 430.090)
-
- Procedures for the background review of staff (105 CMR 430.090)
- Procedures for orientation of staff and volunteers (105 CMR 430.091)
- Copy of promotional literature (105 CMR 430.190(C))
- Procedures for reporting suspected child abuse or neglect (105 CMR 430.093)
- Health care policy (105 CMR 430.159 (B))
- Health care consultant agreement (105 CMR 430.159)
- Discipline policy (105 CMR 430.191)
- Fire evacuation plan-approved by local fire department (105 CMR 430.210 (A))
- Disaster plan (105 CMR 430.210(B))
- Lost camper plan (105 CMR 430.210(C))
- Lost swimmer plan (105 CMR 430.210(C))
- Traffic control plan (105 CMR 430.210(D))
- Day Camps- contingency plans (105 CMR 430.212)
- Primitive, Trip or Travel Camps- Written itinerary, including sources of emergency care, and contingency plans (105 CMR 430.212)
- Current certificate of occupancy from local building inspector (105 CMR 430.451)
- Written statement of compliance from the local fire department (105 CMR 430.215)
- Camper release form (105 CMR 430.190)
- Policies on mildly ill campers, administration of medications, and emergency health care provision
- Parent information packet, informing parents of their rights to review background checks and camp policies and procedures

Please note: If you are applying for an original camp license, you must also file with the board of health a plan showing the following, at least 90 days before your desired opening date (See MGL Ch. 140 s. 32A):

- Building, structures, fixtures and facilities
- Proposed source of water supply and lab analysis of private water supply (if applicable) (105 CMR 430.300,.303)
- Works for disposal or sewage and waste water

See the MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV-105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the required documents.

Camp Director:

Name: _____

Age: _____

Course work in camping administration:_____

_____

Previous camp administration experience:_____

_____

Health Care Consultant:

Name: _____

Type of medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training):_____

MA License Number:_____

Health Supervisor:

Name: _____

Age: _____

Type of Medical License, Registration or Training (See 105 CMR 430.159(C))

_____

Aquatics Director:

Name: _____

Age:-_____

Lifeguard Certificate issued by: _____

Expiration Date: _____

American Red Cross CPR Certificate: _____

Expiration Date: _____

American First Aide Certificate: _____

Expiration date: _____

Previous aquatics supervisory experience: _____

_____

Firearms Instructor

Name: _____

National Rifle Association Instructor's card (or Equivalent):_____

_____Date certified:_____Expiration date:_____

Horseback Riding Instructor:

Name:_____

License Number:_____Expiration date:_____

Stable

Location:_____

Licensed in accordance with MGL Ch. 111 & 155, 158:_____

For all supervisory staff:

Attach the names, ages, applicable current certifications (if any), and the anticipated role at the camp of all supervisory staff (as defined below). Use as many pages as necessary to complete this.

Supervisory staff means those persons with responsibility, authority and training

to provide direct supervision to camper groups. This may include counselors, junior councilors, general activity leaders or other staff who provide supervision to campers without assistance.

Fee Schedule:

Fee for each original or renewal license shall be:

- $150 if completed application, including all required attachments, is received by Board of Health a minimum of 45 days prior to the camp's desired start date.
- $250 if completed application, including all required attachments, is received by Board of Health 30 - 44 days prior to the camp's desired start date.
- $350 if completed application, including all required attachments, is received by Board of Health 15 - 29 days prior to the camp's desired start date.
- $450 if completed application, including all required attachments, is received by Board of Health less than 15 days prior to the camp's desired start date.

For office use only:

Desired camp start date: _____

Date application form received: _____

Date all required attachments received: _____

Inspection dates: _____

Permit fee: _____

Permit issuance date: _____

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
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SHARON CAMERON
DIRECTOR

BOARD OF HEALTH
BERNARD H. HOROWITZ,
CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, M.D, MPH

APPLICATION FOR PERMIT

to
REMOVE, TRANSPORT OR DISPOSE OF GARBAGE, OFFAL OR OTHER OFFENSIVE SUBSTANCES

Enclose a check for **$50.00** (FIFTY DOLLARS) for **each truck**
Payable to the **CITY OF PEABODY**

I agree to abide by all rules and regulations which the Peabody Board of Health may have, adopt or revise.

_____
(PRINT) Name of business

_____
(PRINT) Address of business

_____
(PRINT) Mailing address (if different from above)

_____
Business phone number

_____
(PRINT) Manager Name and 24/7 contact information

Number of trucks operating within the city _____

Truck registration numbers: _____

Description of Material transported: (PLEASE CHECK)

- __ **Septic/Sewage**
- __ **Grease/Waste Oil**
- __ **Garbage**
- __ **Other** _____
  (Describe)

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal I.D. Number: _____

Corporate Name (if applicable): _____ Phone number _____

Corporate Officer if a corporation, or **other owner**: _____ Phone number _____

Address of ownership _____

_____ _____
Signature of Owner Date

SHARON CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(978) 538-5926
FAX: (978) 538-5990

Board of Health
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, M.D, MPH

APPLICATION TO OPERATE A TRANSFER STATION

FEE: $100.00 (one hundred dollars)
Payable to: CITY OF PEABODY

DATE_____

_____
ESTABLISHMENT NAME

_____
ESTABLISHMENT ADDRESS

_____ _____
PHONE NUMBER **FAX**

If corporation or partnership, give name, title and home address of officers or partners:

State of Incoporation: _____ (attach list if necessary)

NAME	TITLE	HOME ADDRESS

_____
Name of Local Agent or Manager

_____
Address of Local Agent or Manager

_____
Emergency Response Person **Emergency Response Phone**

_____ _____
Home Phone **Signature of Applicant**

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.

_____ _____
Social Security Number or Federal Identification No. Signature of Individual or Corporate Name

_____

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

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Board of Health
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, M.D, MPH

RENEWAL APPLICATION TO OPERATE A TRANSFER STATION

FEE: $100.00 (one hundred dollars)
Payable to: "CITY OF PEABODY"

DATE_____

_____
ESTABLISHMENT NAME

_____
ESTABLISHMENT ADDRESS

_____ _____
PHONE NUMBER **FAX**

If corporation or partnership, give name, title and home address of officers or partners:

State of Incoporation: _____ (attach list if necessary)

NAME	TITLE	HOME ADDRESS

_____
Name of Local Agent or Manager

_____
Address of Local Agent or Manager

_____
Emergency Response Person **Emergency Response Phone**

_____ _____
Home Phone **Signature of Applicant**

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.

_____ _____
Social Security Number or Federal Identification No. Signature of Individual or Corporate Name

_____
Corporate Officer (if applicable)

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
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BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

APPLICATION FOR DISPOSAL SYSTEM INSTALLER PERMIT

FEE: **$25.00** for new application and for renewals prior to expiration date.
$50.00 for renewals after expiration date.

I hereby apply for a Disposal System Installer's Permit as required by 310 CMR 15.019, Title 5, the State Environmental Code.

Business Name _____

Business Owner's Name _____

Business Phone # _____ Business Fax # _____

Installer's Name _____

Installer's Mailing Address _____

Home Phone # _____ Cell # _____

PLEASE LIST ALL COMMUNITIES IN MA IN WHICH YOU CURRENTLY HOLD AN INSTALLER'S LICENSE.

_____

_____

_____

(Submit supportive documentation)

Have you successfully passed a Septic Installer's Exam given by another municipality in MA?
If so, in which town. _____

Application updated 10/27/10

CITY OF PEABODY
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BOARD OF HEALTH
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SHARON CAMERON
DIRECTOR

The undersigned agrees that he has read and understands Title 5, the State Environmental Code and also agrees to abide by them. Also, the undersigned understands that any violation of Title 5 will be sufficient cause for revocation of Disposal System Installer's Permit.

Installer's Signature _____ Date _____

UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, CHAPTER 233, SECTION 35, ACTS OF 1983, YOU ARE REQUIRED TO COMPLETE THE FOLLOWING:

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 taxes required under law.

_____
Social Security Number or
Federal Identification Number

_____
Individual or Corporate Name

_____
Signature of Individual or Corporate
Officer (if applicable)

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
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BOARD OF HEALTH
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LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to:

o Construct	o Repair	(check appropriate box)

An Individual Sewage Disposal system at:

Location:		**And/or Lot No.:**	
Owner:		**Address:**	
Installer:		**Address:**	

Type of Building: _____ Lot Size: _____ acres

Dwelling:	**No. of Bedrooms**	**Expansion Attic** Yes / No	**Garbage Grinder** Yes / No
OTHER:	**Type of Building**	**No. of Persons**	**Showers**
Other Fixtures			

Design Flow_____ gallons per person per day.				**Total Daily Flow** _____ gallons.	
Septic tank	Liquid Capacity gallons.		Length	Width	Diameter _____ Depth _____
Disposal Trench	No.	Width	Total Length		Total Leaching Area sq. ft.
Seepage Pit	No.	Diameter	Depth below inlet		Total Leaching Area sq. ft.
Other Distribution Box: ( )			Dosing Tank ( )		

Percolation Test Results: Performed by: _____ Date: _____
Test Pit No. 1 _____ _____minutes per inch. Depth of Test Pit _____ Depth to ground water _____
Test Pit No. 2 _____ _____minutes per inch. Depth of Test Pit _____ Depth to ground water _____

DESCRIPTION OF SOIL_____

NATURE OF REPAIRS OR ALTERATIONS – ANSWER WHEN APPLICABLE

AGREEMENT

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of 310 CMR 15.000 STATE ENVIRONMENTAL CODE, Title V. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed: _____ Date: _____

Application Approved by: _____ Date: _____

Permit No.: _____ Issuance Date: _____

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Division of Food and Drugs
305 South Street, Jamaica Plain, MA 02130-3597
(617) 983-6700 (617) 524-8062 - Fax

Application for Permit to Manufacture or Bottle Water or Carbonated Non-alcoholic Beverages in Accordance with M.G.L. C.94, § 10A and/or 105 CMR 570.000

DIRECTIONS:

- Complete the entire four page application form
- Submit all required source and finished product analysis.
- Submit labels for all products to be sold in Massachusetts.
- Contact your local board of health relative to the permit fee for your city or town.

1. Business Name:	2. Tel. #: ( ) FAX #: ( )
3. D.B.A. (Doing Business As):	
4. Mailing Address:	
5. Plant Address (if different from #4):	6. Tel. #: ( ) FAX #: ( )
7. Responsible Contact Person: Tel. #: ( )	8. Twenty-four (24) hour Emergency Telephone #: ( ) Email Address: _____

9. Application Type (check one)

9a.) New Permit ☐ 9b.) Permit Renewal ☐ If a Renewal, Current Permit #:

Ownership	Name	Address
10. Individual		_____ _____
11. Partnership	A._____ B._____	A._____ _____ B._____ _____

Ownership	Name	Address
12. Corporation: A.) President B.) Treasurer C.) Quality Assurance Manager	A._____ B._____ C._____	A._____ _____ B._____ _____ C._____ _____
13. If Applicant is a Corporation:	13a.) State of Incorporation:	13b.) Date of Incorporation:

14. Bottled Water and Carbonated Non-alcoholic Beverages

Please provide the following information. The type of water source and product names listed must meet the definitions as prescribed in 105 CMR 570.001, Regulations for the Manufacture, Collection, and Bottling of Water ar Carbonated Nonalcoholic Beverages. Use additional sheets if necessary.

A. **Bottled Water**
(1.) Type of Water Source: _____ public _____ artesian _____ well _____ spring (check all that apply)
(2.) Location of water source, list by source type:

Name of Source: _____ Type of Source: _____
Street: _____
City, State, ZIP: _____

Name of Source: _____ Type of Source: _____
Street: _____
City, State, ZIP: _____

(3.) Name and Address of the owner of each water source, if different from the plant owner:

Name of Source _____ Type of Source: _____
Street: _____
City, State, ZIP: _____

Name of Source: _____ Type of Source: _____
Street: _____
City, State, ZIP: _____

(4.) **Treatment** (check all that apply): _____ coagulating system, e.g., ferrous sulfate and lime (specify)

_____ greensand filtration
_____ ultra violet light
_____ sand filtration
_____ one micron filtration
_____ addition of potassium permanganate
_____ activated carbon filtration
_____ ion exchange
_____ one micron absolute filtration
_____ chlorine
_____ ozonation
_____ reverse osmosis
_____ Other (specify): _____

(5.) Brand and Product name under which bottled water is sold in Massachusetts. **Specify source for each product**.

_____
_____
_____
_____
_____
_____
_____
_____

B. **Carbonated Beverages**

(1.) Type of Water Source: _____ public _____ artesian _____ well _____ spring (check all that apply)

(2.) Location of water source, list by source type:

Name of Source : _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

Name of Source: _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

(3.) Name and Address of the owner of each water source, if different form the plant owner:

Name of Source: _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

Name of Source: _____ Type of Source: _____

Street: _____

City, State, ZIP: _____

(4.) **Treatment** (check all that apply): _____ coagulating system, e.g., ferrous sulfate and lime (specify)
_____ greensand filtration _____ addition of potassium permanganate _____ chlorine

_____ ultra violet light _____ activated carbon filtration _____ ozonation
_____ sand filtration _____ ion exchange _____ reverse osmosis
_____ one micron filtration _____ one micron absolute filtration
_____ Other (please specify):
_____

(5.) Brand and Product name under which carbonated beverages are sold in Massachusetts. Specify source for each product.

_____
_____
_____
_____
_____
_____
_____
_____

(6.) List all other types of products (dairy, juice, etc.) that your plant bottles:

_____

_____
_____

_____
_____

15. Supplemental Information for Bottled Water and Carbonated Beverages

The following information must be provided with each application.

*** Renewal applications are not required to include:**
item 15a (unless renovation has occurred to the plant)
or 15b1., 15b2. or 15c1. (unless a source is changed or new source is added.)

a. A plan of the plant showing the location of all apparatus, including walls, partitions, and all machinery. A site plan showing all abutters to the property of the plant and the types of businesses they operate.

b. **Water supply - Private Water Supply:**

1. If the water is a private water supply, a **copy of a report of the approval of the water source(s)** from the appropriate government authorities.
2. A **site plan** of the water source.
3. All plants producing bottled water or producing carbonated nonalcoholic beverages from a **private water supply** must provide **copies of analyses for non-treated source water and finished water**, which includes **chemical, microbiological, physical** and **radiological** parameters as prescribed in 105 CMR 570.008 and .009. The microbiological analysis must have been performed within **30 days** prior to the date of this application. All other analyses must have been performed within **twelve months** prior to the date of this application.

c. **Water supply - Public Water Supply:**

1. If the water is a **public water supply**, a letter from the public water supply stating that their water meets all US EPA Standards for drinking water.
2. All plants producing bottled water from a **public water supply** which is then filtered or treated in any way, must provide **copies of analyses for finished water**, which includes **chemical, microbiological, physical** and **radiological** parameters as prescribed in 105 CMR 570.008 and .009. The microbiological analysis must have been performed within **30 days** prior to the date of this application. All other analyses must have been performed within **twelve months** prior to the date of this application.

d. A copy of a recent (**within the preceding 12 month period**) **sanitation inspection report** conducted by the appropriate governmental authorities.

e. **Labels** for **each container size and brand name** of the product that is proposed to be sold in Massachusetts.

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts and the Department of Public Health pertaining to the activity(ies) for which I am applying. In addition, pursuant to M.G.L. Chapter 62C, s. 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.

_____

_____

Date Owner or Corporate Officer

If applying as an Individual, your Social Security #: _____ _____ _____

Tax or Federal I.D.#: _____

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

APPLICATION FOR PERMIT TO OPERATE A SEMI-PUBLIC SWIMMING, WADING, OR SPECIAL PURPOSE POOL

The undersigned hereby applies for a permit to operate a swimming, wading, or special purpose pool in accordance with the STATE SANITARY CODE: CHAPTER V, 105 CMR 435.000: MINIMUM STANDARDS FOR SWIMMING POOLS.

Name of Facility_____

Address of Facility_____

Facility Telephone Number_____

Mailing Address (if different than facility) _____

Name and Title of Applicant_____

Name Address and Telephone Number of
Owner_____

Name of Certified Pool Operator_____
(MUST provide copy of current CPO certificate)

TYPE OF POOL (Check One)
Swimming Pool
Wading Pool
Special Purpose Pool

Days and Hours of Operation_____
Year Round
Seasonal Expected Opening Date_____

POOL SIZE

Length_____ Width_____ Depth_____
Volume (gallons) _____

Swimming Area (Over 5 feet in Depth) (Sq. Ft.)_____

Non-Swimming Area (5 feet or less in Depth) (Sq. Ft.) _____

Diving Area (if applicable) (Sq. Ft.)_____

Bather Load _____

WATER FILTRATION AND FILTRATION SYSTEMS

Source of Water _____

Number of Main Drains _____

Number of Skimmers _____

Pump Size and Rating (GPM) _____

Filter Type and Total Filter Area_____

SANITIZER (Check One):
Chlorine
Bromine

LIFEGUARDS: (List Names and Provide current certification)

Name and age _____

Name and age _____

FEES: **Checks made payable to The City of Peabody**

Swimming Pool Fee $100.00 annually

Special Purpose Pool Fee $50.00 annually

Swimming Pool Plan Review $100.00

Signature of Applicant _____

Date _____

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, M.D, MPH

Sharon A. Cameron
DIRECTOR

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Application for Swimming/Wading/Special Purpose Pool Plan Review. Application is hereby made for a permit to construct/remodel a (Public) (Semi Public) (Wading) (Special Purpose) Pool.

SKIMMERS: WEIR LENGTH _____ **NUMBER** _____

CHLORINATOR: TYPE _____ **CAPACITY** _____

CHEMICAL FEEDERS: _____ **CAPACITY(LBS)** _____ **QUANTITY** _____

REMARKS: _____

FEE OF $100.00 IS REQUIRED UPON SUBMISSION OF APPLICATION

CITY OF PEABODY
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(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, M.D, MPH

Sharon A. Cameron
DIRECTOR

CITY OF PEABODY

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Application for Swimming/Wading/Special Purpose Pool Plan Review. Application is hereby made for a permit to construct/remodel a (Public) (Semi Public) (Wading) (Special Purpose) Pool.

LOCATION: _____

OWNER: _____

CONTRACTOR: _____

GENERAL INFORMATION

TYPE: _____

LENGTH: _____ **WIDTH:** _____ **VOLUME:** _____

SOURCE OF WATER: _____

PLANS SUBMITTED FOR APPROVAL: _____

SIZE:
SWIMMING AREA(SQ FT): _____ **NON SWIMMING AREA:** _____
DIVING AREA(SQ FT): _____ **MAXIMUM POOL CAPACITY:** _____

SCUM GUTTER: _____

TRIM AND FINISH: POOL WALLS AND BOTTOMS _____
DECKING TYPE: _____ **MINIMUM WIDTH:** _____

MECHANICAL INFORMATION: _____

FILTERS: _____ **TOTAL FILTER AREA(SQ FT):** _____
CIRCULATION RATE(GPM): _____ **BACKWASH RATE(GPM):** _____
TURN OVER RATE IN HOURS: _____

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
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(978) 538-5926
FAX: (978) 538-5990

Board of Health
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, M.D, MPH

Application for Permit to Operate Tanning Facilities

Pursuant to the Rules and Regulations for the Operation of Tanning Facilities adopted by the Peabody Board of Health, effective July 1, 1991 and 105 CMR 123.00 please complete the following:

Name and Address of Tanning Facility:_____

_____

Full Name of Applicant (i.e., Owner):_____

Home Address: _____

Home Phone: _____

Business Phone:_____

Hours of Operation: _____

Manager(s) on premises: _____

_____

Number of Tanning Devices: _____
(Also fill out Page 2)

Please return this form with a check payable to **"City of Peabody"** in the amount of One Hundred Dollars ($100.00) for the Facility Permit, plus Twenty-Five Dollars ($25.00) for each additional tanning device in excess of five. Note that permits are renewable as of January 1st, of each year.

You must also submit a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D) (2), and (3); Also a copy of the operating and safety procedures to be followed in the operation of the facility and tanning device.

I hereby certify that I have received, read and understood the requirements of 105 CMR 123.000.

_____ _____
Signature Date

Pursuant to M.G.L. Ch. 62C, sec. 48A, 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.

_____ _____
Social Security Number or Federal Identification No. Signature of Individual or Corporate Name

_____ _____
Date Corporate Officer (if applicable)

Name of Tanning Facility_____

Tanning Device	Tanning Device
Type:	Type:
Manufacturer:	Manufacturer:
Model Number:	Model Number:
Model Year:	Model Year:
Serial Number:	Serial Number:
Supplier:	Supplier:
Installer:	Installer:
Date of Installation:	Date of Installation:
Service Agent:	Service Agent:

Tanning Device	Tanning Device
Type:	Type:
Manufacturer:	Manufacturer:
Model Number:	Model Number:
Model Year:	Model Year:
Serial Number:	Serial Number:
Supplier:	Supplier:
Installer:	Installer:
Date of Installation:	Date of Installation:
Service Agent:	Service Agent:

Tanning Device	Tanning Device
Type:	Type:
Manufacturer:	Manufacturer:
Model Number:	Model Number:
Model Year:	Model Year:
Serial Number:	Serial Number:
Supplier:	Supplier:
Installer:	Installer:
Date of Installation:	Date of Installation:
Service Agent:	Service Agent:

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

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BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, M.D. MPH

Renewal Application for Permit to Operate Tanning Facilities

Pursuant to the Rules and Regulations for the Operation of Tanning Facilities adopted by the Peabody Board of Health, effective July 1, 1991 and 105 CMR 123.00. Please complete the following:

Name and Address of Tanning Facility:_____

_____

Full Name of Applicant (i.e., Owner):_____

Home Address: _____

Home Phone: _____

Business Phone:_____

Hours of Operation: _____

Manager(s) on premises: _____

_____

Number of Tanning Devices: _____
(Also fill out Page 2)

Please return this form with a check payable to **"City of Peabody"** in the amount of One Hundred Dollars ($100.00) for the Facility Permit, plus Twenty-Five Dollars ($25.00) for each additional tanning device in excess of five. Applications and the fee are due by December 1st. Note that permits are renewable as of January 1st, of each year.

You must also submit a copy of the consent form to be used by the facility in fulfilling the requirements of 105 CMR 123.003(D) (2), and (3); Also a copy of the operating and safety procedures to be followed in the operation of the facility and tanning device.

I hereby certify that I have received, read and understood the requirements of 105 CMR 123.000.

_____ _____
Signature Date

Pursuant to M.G.L. Ch. 62C, sec. 48A, 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.

_____ _____
Social Security Number or Federal Identification No. Signature of Individual or Corporate Name

_____ _____
Date Corporate Officer (if applicable)

Name of Tanning Facility_____

Tanning Device	Tanning Device
Type:	Type:
Manufacturer:	Manufacturer:
Model Number:	Model Number:
Model Year:	Model Year:
Serial Number:	Serial Number:
Supplier:	Supplier:
Installer:	Installer:
Date of Installation:	Date of Installation:
Service Agent:	Service Agent:

Tanning Device	Tanning Device
Type:	Type:
Manufacturer:	Manufacturer:
Model Number:	Model Number:
Model Year:	Model Year:
Serial Number:	Serial Number:
Supplier:	Supplier:
Installer:	Installer:
Date of Installation:	Date of Installation:
Service Agent:	Service Agent:

Tanning Device	Tanning Device
Type:	Type:
Manufacturer:	Manufacturer:
Model Number:	Model Number:
Model Year:	Model Year:
Serial Number:	Serial Number:
Supplier:	Supplier:
Installer:	Installer:
Date of Installation:	Date of Installation:
Service Agent:	Service Agent:

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BOARD OF HEALTH
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LEIGH ANN MANSBERGER, MD, MPH

Application for Permit to Operate a Body Tattooing Establishment
FEE $300.00 – Payable to "CITY OF PEABODY"

1. Name of establishment: _____

2. Address of establishment: _____

3. Telephone number of establishment: _____

4. Name of establishment owner: _____

   Address and telephone number: _____
   _____
   _____

5. Number of Tattooing Establishments desired: _____

6. Number of licensed Body Tattoo Artist anticipated: _____

7. Will the owner designated above be the on-site manager? _____

   If not, designate the name, address and telephone number of the manager:
   _____
   _____
   _____

8. Does the owner operate any other Body Tattooing Establishments?
   If yes, list establishment's names and addresses:
   _____
   _____
   _____

9. Does the owner/operator plan to conduct the practice of Permanent Make-Up Application
   (i.e. Micropigmentation) _____ Exclusively _____

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Tattooing Regulations, and that I comply fully with the contents therein. Enclosed herewith are my original certificate of extermination of the establishment premises, and my nonrefundable application fee of $300.00.

Applicant: Signature _____

Name _____

Date _____

(continued next page)

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
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(978) 538-5926
Fax: (978) 538-5990

SHARON CAMERON
DIRECTOR

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, MD, MPH

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.

_____
Social Security Number or Federal Identification No.

_____
Signature of Individual or Corporate Name

_____
Corporate Officer (if applicable)

_____
Date

Name and Address of Establishment

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

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Board of Health
BERNARD H. HOROWITZ,
CHAIRMAN
STEPHEN S. KALIVAS, R.PH.
LEIGH ANN MANSBERGER, MD, MPH

Renewal Application for Permit to Operate a Body Tattooing Establishment
FEE $300.00 – Payable to "CITY OF PEABODY" by December 1st

1. Name of establishment: _____

2. Address of establishment: _____

3. Telephone number of establishment: _____

4. Name of establishment owner: _____

   Address and telephone number: _____
   _____
   _____

5. Number of Tattooing Establishments desired: _____

6. Number of licensed Body Tattoo Artist anticipated: _____

7. Will the owner designated above be the on-site manager? _____

   If not, designate the name, address and telephone number of the manager:
   _____
   _____
   _____

8. Does the owner operate any other Body Tattooing Establishments?
   If yes, list establishment's names and addresses:
   _____
   _____
   _____

9. Does the owner/operator plan to conduct the practice of Permanent Make-Up Application
   (i.e. Micropigmentation) _____ Exclusively _____

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Tattooing Regulations, and that I comply fully with the contents therein.

Applicant: Signature _____

Name _____

Date _____

(continued next page)

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.

Social Security Number or Federal Identification No.

Signature of Individual or Corporate Name

Corporate Officer (if applicable)

Date

Name and Address of Establishment

SHARON CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(978) 538-5926
FAX: (978) 538-5990

Board of Health
BERNARD H. HOROWITZ
CHAIRMAN
STEPHEN S. KALIVAS, R.PH
LEIGH ANN MANSBERGER, M
MPH

Application for Permit to Perform Body Tattooing

FEE $ 100.00 – Payable to CITY OF PEABODY

1. Name of Body Tattoo Artist: _____

   Address and telephone: _____

   _____

   _____

2. Name and address of Establishment at which employed: _____

   _____

   _____

3. Body Tattoo Artist date of birth: _____

4. Have you previously performed body tattooing? _____
   If so, list establishment names and addresses at which tattooing was performed, and the approximate number of hours you performed tattooing at that establishment:

   _____
   # Hours

   _____
   # Hours

   _____
   # Hours

5. Do you plan to engage in the application of Permanent Make-Up (i.e. Micropigmentation)? _____ Exclusively? _____

   If yes for either or both, list all prior training received (including training providers and certifications, if applicable) and actual experience (including establishments where experience was gained).

   _____
   # Hours

Hours

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Tattooing Regulations and that I fully comply with the contents therein. Attached hereto are: (1) a certified original birth certificate
(2) driver's license/state ID card
(3) evidence (in the form of a certified transcript or original letter from approved providers) that all training requirements of Section 3.2.2.3 have been met
(4) documentation that the medical requirements of Section 3.3.3.4 have been met
(5) my non-refundable **application fee of $100.00.**

Applicant:

Signature _____

Name _____

Date _____

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.

_____
Social Security Number or Federal Identification. No.

_____
Signature of Individual or Corporate Name

_____
Corporate Officer (if applicable)

_____
Date

Name and Address of Establishment

For office use only:

Completed application received:_____
____ Proof of age/identity
____ First Aid/CPR training
____Prevention of Disease Transmission and Blood-borne Pathogens training
____ Anatomy and Physiology course
____ One year apprenticeship
____ 40 hours of micropigmentation training
____ One year micropigmentation apprenticeship
____ Hepatitis B immunity
____ Tb test

Date of public hearing: _____

Outcome: Approved Denied No action

SHARON A. CAMERON
DIRECTOR

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES

24 LOWELL STREET
PEABODY, MASSACHUSETTS 01960
(978) 538-5926
FAX: (978) 538-5990

Board of Health
BERNARD H. HOROWITZ
CHAIRMAN
STEPHEN S. KALIVAS, R.PH
LEIGH ANN MANSBERGER, M
MPH

Renewal Application for Permit to Perform Body Tattooing

FEE $ 100.00 – Payable to "CITY OF PEABODY" by December 1st

1. Name of Body Tattoo Artist: _____

   Address and telephone: _____

   _____

   _____

2. Name and address of Establishment at which employed: _____

   _____

   _____

3. Body Tattoo Artist date of birth: _____

4. Have you previously performed body tattooing? _____
   If so, list establishment names and addresses at which piercing was performed:

   _____

   _____

   _____

5. Do you plan to engage in the application of Permanent Make-Up
   (i.e. Micropigmentation)? _____ Exclusively? _____

   If yes for either or both, list all prior training received (including training providers and certifications, if applicable) and actual experience (including establishments where experience was gained).

   _____

   _____

   _____

(Continued next page)

My signature below certifies that I have thoroughly reviewed the City of Peabody Board of Health Body Tattooing Regulations and that I fully comply with the contents therein.

Applicant:

Signature _____

Name _____

Date _____

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.

_____
Social Security Number or Federal Identification. No.

_____
Signature of Individual or Corporate Name

_____
Corporate Officer (if applicable)

_____
Date

Name and Address of Establishment

CITY OF PEABODY
DEPARTMENT OF HUMAN SERVICES
24 Lowell Street
Peabody, Massachusetts 01960
(978) 538-5926
Fax: (978) 538-5990

BOARD OF HEALTH
BERNARD H. HOROWITZ, CHAIRMAN
STEPHEN S. KALIVAS, R.Ph.
LEIGH ANN MANSBERGER, MD, MPH

SHARON CAMERON
DIRECTOR

APPLICATION FOR TOBACCO AND/OR NICOTINE DELIVERY PRODUCT SALES PERMIT

DATE_____

Name of Establishment_____

Business Address_____ **Phone**_____

Mailing Address (if different)_____

Name & Title of Applicant_____

Address of Applicant_____

Name of Owner (if different from applicant)_____

If Corporation or Partnership, give name, title & home address of officers or partners

NAME	TITLE	HOME ADDRESS

TYPE OF SALES **COUNTER ( )** **VENDING MACHINE ( )** **OTHER ( )**_____

TYPE OF PRODUCTS **TOBACCO ONLY ( )** **NICOTINE DELIVERY PRODUCTS ONLY ( )** **BOTH ( )**

State of Incorporation_____

Emergency Response Person: Name_____ **Home Phone**_____

The Tobacco and/or Nicotine Delivery Product Sales Permit fee is $100.00. The annual permit expires on May 31st.

The applicant agrees to read and abide by the Peabody Board of Health Regulation and Massachusetts General Laws, Chapter 270, Section 6 & 7. All sales staff must be familiarized with the Regulations.

I hereby state that I have read and understood the requirements of the Regulation of the Peabody Board of Health Restricting the Sale of Tobacco Products and/or Nicotine Delivery Products

_____
Signature of Applicant

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

_____ _____ _____
Signature of Individual or Corporate Name *Date* *Social Security or Federal Identification No.*

Massachusetts General Laws, Chapter 138, § 14
Rules for Special One Day Liquor License

Section 14

Special Events

Local licensing authorities may issue special licenses for the sale of wines and/or malt beverages to a responsible manager of any indoor or outdoor activity or enterprise (for profit or non-profit). Special licenses for the sale of all alcoholic beverages may be issued to non-profit organizations only. No person may be granted special licenses for more than a total of 30 days per calendar year and no special license will be granted to any person while his application for an annual license under Section 12 is pending before the licensing authorities.

No more than one license can be issued for premises at one time. Therefore, a Section 14 special license can not be issued for use in licensed premises. Regulations for Section 14 are found in 204 CMR 7.00.

Persons holding a special license must purchase alcoholic beverages from a licensed wholesaler/importer, manufacturer, farmer-winery, farmer brewery or special permit holder. A person holding a Section 14 license cannot purchase alcoholic beverages from a package store.

The applicant named on the One Day application shall, at all times during which alcoholic beverages are being sold shall be available to the licensing authorities during all such times unless some other person similarly qualified, authorized and satisfactory to the licensing authorities and whose authority to act in place of such applicant shall first have been certified to the licensing authorities in the manner aforesaid, is present in the premises and is acting in the place of such applicant. The full name, residential address, business and home telephone numbers of said applicant must appear on the One Day application, as well as proof that they are certified to hold such a license.

Licensees are responsible for ensuring that minors are not served alcoholic beverages and are not drinking alcoholic beverages on the licensed premises, whether served to them by an employee or handed to them by any other patron. All servers must be at least 18 years of age to serve.

All applicants must be of good moral character to obtain a One Day Liquor License hereunder.

One Day Liquor License Application

Name of Responsible Party: _____

Address: _____

Contact Number: _____

Organization holding event: _____

Location of Event: _____

Date and Time of Event: _____

Type of Event: _____

Non Profit Organization
ALL ALCOHOL

Other than Non-profit
BEER & WINE

Circle One

Has permission been received from property owner to hold this event? _____

Who is serving the alcohol? _____

Have servers had training in Alcohol service? _____

Do you have a Liquor Liability Insurance Policy? _____

I, the undersigned, understand and agree to the restriction and responsibilities of holding a One Day Alcohol License and certify that I am not prohibited from holding such license. I agree that the City of Peabody is in no way responsible for the actions of the applicant.

_____

Applicants Signature Date The applicant named on the One Day application shall, at all times during which alcoholic beverages are being sold shall be available to the licensing authorities during all such times unless some other person similarly qualified, authorized and satisfactory to the licensing authorities and whose authority to act in place of such applicant shall first have been certified to the licensing authorities in the manner aforesaid, is present in the premises and is acting in the place of such applicant. The full name, residential address, business and home telephone numbers of said applicant must appear on the One Day application, as well as proof that they are certified to hold such a license. Failure to have such information on file

and current shall alone be sufficient cause for revocation or suspension of such license, as well as future licenses.

Licensees are responsible for ensuring that minors are not served alcoholic beverages and are not drinking alcoholic beverages on the licensed premises, whether served to them by an employee or handed to them by any other patron. All servers must be at least 18 years of age to serve.

All applicants must be of good moral character to obtain a One Day Liquor License hereunder.

CITY OF PEABODY

MASSACHUSETTS

LICENSING BOARD

DATE_____

APPLICATION FOR LICENSE FOR AUTOMATIC AMUSEMENT DEVICE
(under Section 177A, Chapter 140, General Laws)

Automatic amusement devices licensed under this section shall be so installed on the premises described in the license as to be in open view at all times while in operation and shall at all times be available for inspection.

Any violation of any provision of this section or of Chapter 136, of the General Laws by any person managing or controlling any premises where an automatic amusement device licensed under this section is kept or offered for operation shall be cause for immediate revocation of all licenses for automatic amusement devices kept or offered for operation on such premises.

NAME OF APPLICANT.....

ADDRESS WHERE AMUSEMENT DEVICE IS TO BE LOCATED.....

.....

KIND OF BUSINESS CONDUCTED WHERE AMUSEMENT DEVICE IS TO BE LOCATED.....

.....

NUMBER AND DESCRIPTION OF AMUSEMENT DEVICES AT THIS LOCATION.....

.....

.....

.....

.....

.....

NAME AND ADDRESS OF DISTRIBUTOR.....

PHONE NO._____D/B/A_____

I HEREBY CERTIFY THAT THE MACHINE(S) NAMED AND DESCRIBED HEREIN HAS/HAVE BEEN APPROVED BY THE DIRECTOR OF THE BUREAU OF STANDARDS.

SIGNATURE OF APPLICANT .....

RESIDENCE ADDRESS .....

.....

TEL. NO..... HOME TEL.....

APPROVED _____

DISAPPROVED _____

Board Members:

_____

_____

_____

CITY OF PEABODY

Department of Public Services
50 Farm Ave.
Peabody, MA 01960

Phone (978) 536-0600 ♦ Fax (978) 535-3754

Permit Number: _____

Date Issued: _____

Permit Fee: _____

Expiration: **30 Days**

EXCAVATION / TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq.(as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Applicant: **Street Address:**			**Phone:** **Cell:**
City/Town:	**MA**	**ZIP**	
Name of Excavator (if different from applicant): **Street Address:**			**Phone:** **Cell:**
City/Town:	**MA**	**ZIP**	
Name of Owner(s) of Property: **Street Address:**			**Phone:** **Cell:**
City/Town:	**MA**	**ZIP**	

Description, location and purpose of proposed trench:
Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (eg; pipes/cable lines etc..) Please use reverse side if additional space is needed.

Sewer Hookups For Non-Subdivision Locations

Number of Bedrooms: _____ Estimated GPD: _____ Type (A-P) (SEE BELOW): _____

Will this hookup replace a Septic System? (YES/NO): _____ Pipe Length (') & Diameter ("):_____

A) Restaurants
B) Schools
C) Hotels
D) Warehouses
E) Condominiums
F) Apartments
G) Temporary Const. Dewatering
H) Nursing Homes
I) Residential Subdivision
J) Office Buildings
K) General Commercial Establishments
L) Shopping Malls
M) Single-Family Residence
N) 21E Groundwater Remedial Project
O) Modification of Existing Structure.. Increase in Flow

P) Number of Proposed Water Meters/Units_____ Q) OTHER: _____

Insurance Certificate #:	
Name and Contact Information of Insurer:	
Policy Expiration Date:	
Dig Safe #:	
Name of Competent Person (as defined by 520 CMR 7.02):	
Massachusetts Hoisting License # License Grade:	Expiration Date:

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

NOTIFICATIONS

If a septic system or cesspool is on the property of a sewer hookup, the Health Dept. must be notified:

HEALTH DEPARTMENT: _____
(Name) (Date)

A THREE (3)-DAY NOTICE IS REQUIRED BY THE POLICE DEPT. **A police officer is required to be present at any street opening in the City at the discretion of the Police Department.**

POLICE DETAIL REQUIRED? (Yes / No):_____

POLICE DEPARTMENT: _____
(Name) (Date)

FIRE DEPARTMENT: _____
(Name) (Date)

WATER DEPARTMENT: _____
(Name) (Date)

ENGINEERING/SEWER DEPT.: _____
(Name) (Date)

BUILDING INSPECTOR ***(Per Jackie's Law):*** _____
(Name) (Date)

EXCAVATOR / DRAINLAYER'S COMPANY NAME: _____

EXCAVATOR / DRAINLAYER'S SIGNATURE (President or Duly Authorized Agent Only):

_____ **DATE:** _____

For City of Peabody Use -- Do not write in this section	
PERMIT APPROVED BY:	$_____ Permit Fee
PERMITTING AUTHORITY: DATE:	Check #_____
CONDITIONS OF APPROVAL:	
Excavation Area: (Please Check One): Public Way ☐ Private Property ☐ Both ☐	

CONDITIONS AND REQUIREMENTS PURSUANT TO G.L.C.82A AND 520 CMR 7.00 et seq. (as amended)

By signing the application, the applicant understands and agrees to comply with the following:

i. No trench may be excavated unless the requirements of sections 40 through 40D of chapter 82, and any accompanying regulations, have been met and this permit is invalid unless and until said requirements have been complied with by the excavator applying for the permit including, but not limited to, the establishment of a valid excavation number with the underground plant damage prevention system as said system is defined in section 76D of chapter 164 (DIG SAFE);

ii. Trenches may pose a significant health and safety hazard. Pursuant to Section 1 of Chapter 82 of the General Laws, an excavator shall not leave any open trench unattended without first making every reasonable effort to eliminate any recognized safety hazard that may exist as a result of leaving said open trench unattended. Excavators should consult regulations promulgated by the Department of Public Safety in order to familiarize themselves with the recognized safety hazards associated with excavations and open trenches and the procedures required or recommended by said department in order to make every reasonable effort to eliminate said safety hazards which may include covering, barricading or otherwise protecting open trenches from accidental entry.

iii. Persons engaging in any in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et.seq., entitled Subpart P "Excavations".

iv. Excavators engaging in any trenching operation who utilize hoisting or other mechanical equipment subject to chapter 146 shall only employ individuals licensed to operate said equipment by the Department of Public Safety pursuant to said chapter and this permit must be presented to said licensed operator before any excavation is commenced;

v. By applying for, accepting and signing this permit, the applicant hereby attests to the following: (1) that they have read and understands the regulations promulgated by the Department of Public Safety with regard to construction related excavations and trench safety; (2) that he has read and understands the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CMR 1926.650 et.seq., entitled Subpart P "Excavations" as well as any other excavation requirements established by this municipality; and (3) that he is aware of and has, with regard to the proposed trench excavation on private property or proposed excavation of a city or town public way that forms the basis of the permit application, complied with the requirements of sections 40-40D of chapter 82A..

vi. This permit shall be posted in plain view on the site of the trench.

For additional information please visit the Department of Public Safety's website at www.mass.gov/dps

Summary of Excavation and Trench Safety Regulation (520 CMR 14.00 et seq.)

This summary was prepared by the Massachusetts Department of Public Safety pursuant to G.L.c.82A and does not include all requirements of the 520 CMR 14.00. To view the full regulation and G.L.c.82A, go to www/mass.gov/dps
Pursuant to M.G.L. c. 82, § 1, the Department of Public Safety, jointly with the Division of Occupational Safety, drafted regulations relative to trench safety. The regulation is codified in section 14.00 of title 520 of the Code of Massachusetts Regulations. The regulation requires all excavators to obtain a permit prior to the excavation of a trench made for a construction-related purpose on public or private land or rights-of-way. All municipalities must establish a local permitting authority for the purpose of issuing permits for trenches within their municipality. Trenches on land owned or controlled by a public (state) agency requires a permit to be issued by that public agency unless otherwise designated.

In addition to the permitting requirements mandated by statute, the trench safety regulations require that all excavators, whether public or private, take specific precautions to protect the general public and prevent unauthorized access to unattended trenches. Accordingly, unattended trenches must be covered, barricaded or backfilled. Covers must be road plates at least ¾" thick or equivalent; barricades must be fences at least 6' high with no openings greater than 4" between vertical supports; backfilling must be sufficient to eliminate the trench. Alternatively, excavators may choose to attend trenches at all times, for instance by hiring a police detail, security guard or other attendant who will be present during times when the trench will be unattended by the excavator.

The regulations further provide that local permitting authorities, the Department of Public Safety, or the Division of Occupational Safety may order an immediate shutdown of a trench in the event of a death or serious injury; the failure to obtain a permit; or the failure to implement or effectively use adequate protections for the general public. The trench shall remain shutdown until re-inspected and authorized to re-open provided, however, that excavators shall have the right to appeal an immediate shutdown. Permitting authorities are further authorized to suspend or revoke a permit following a hearing. Excavators may also be subject to administrative fines issued by the Department of Public Safety for identified violations.

Summary of 1926 CFR Subpart P -OSHA Excavation Standard

This is a worker protection standard, and is designed to protect employees who are working inside a trench. This summary was prepared by the Massachusetts Division of Occupational Safety and not OSHA for informational purposes only and does not constitute an official interpretation by OSHA of their regulations, and may not include all aspects of the standard.
For further information or a full copy of the standard go to www.osha.gov.

- **Trench Definition per the OSHA standard:**
  - An excavation made below the surface of the ground, narrow in relation to its length.
  - In general, the depth is greater than the width, but the width of the trench is not greater than fifteen feet.
- **Protective Systems** to prevent soil wall collapse are always required in trenches deeper than 5', and are also required in trenches less than 5' deep when the competent person determines that a hazard exists. Protection options include:
  - Shoring. Shoring must be used in accordance with the OSHA Excavation standard appendices, the equipment manufacturer's tabulated data, or designed by a registered professional engineer.
  - Shielding (Trench Boxes). Trench boxes must be used in accordance with the equipment manufacturer's tabulated data, or a registered professional engineer.
  - Sloping or Benching. In Type C soils (what is most typically encountered) the excavation must extend horizontally 1 ½ feet for every foot of trench depth on both sides, 1 foot for Type B soils, and ¾ foot for Type A soils.
  - A registered professional engineer must design protective systems for all excavations greater than 20' in depth.
- **Ladders** must be used in trenches deeper than 4'.
  - Ladders must be inside the trench with workers at all times, and located within 25' of unobstructed lateral travel for every worker in the trench.
  - Ladders must extend 3' above the top of the trench so workers can safely get onto and off of the ladder.
- **Inspections** of every trench worksite are required:
  - Prior to the start of each shift, and again when there is a change in conditions such as a rainstorm.
  - Inspections must be conducted by the competent person (see below).
- **Competent Person(s) is:**
  - Capable (i.e., trained and knowledgeable) in identifying existing and predictable hazards in the trench, and other working conditions which may pose a hazard to workers, and
  - Authorized by management to take necessary corrective action to eliminate the hazards. Employees must be removed from hazardous areas until the hazard has been corrected.
- **Underground Utilities** must be:
  - Identified prior to opening the excavation (e.g., contact Digsafe).
  - Located by safe and acceptable means while excavating.
  - Protected, supported, or removed once exposed.
- **Spoils** must be kept back a minimum of 2' from the edge of the trench.
- **Surface Encumbrances** creating a hazard must be removed or supported to safeguard employees. Keep heavy equipment and heavy material as far back from the edge of the trench as possible.
- **Stability of Adjacent Structures:**
  - Where the stability of adjacent structures is endangered by creation of the trench, they must be underpinned, braced, or otherwise supported.
  - Sidewalks, pavements, etc. shall not be undermined unless a support system or other method of protection is provided.
- **Protection from water accumulation hazards:**
  - It is not allowable for employees to work in trenches with accumulated water. If water control such as pumping is used to prevent water accumulation, this must be monitored by the competent person.
  - If the trench interrupts natural drainage of surface water, ditches, dikes or other means must be used to prevent this water from entering the excavation.
- **Additional Requirements:**
  - For mobile equipment operated near the edge of the trench, a warning system such as barricades or stop logs must be used.
  - Employees are not permitted to work underneath loads. Operators may not remain in vehicles being loaded unless vehicles are equipped with adequate protection as per 1926.601(b)(6).
  - Employees must wear high-visibility clothing in traffic work zones.
  - Air monitoring must be conducted in trenches deeper than 4' if the potential for a hazardous atmosphere exists. If a hazardous atmosphere is found to exist (e.g., O_2 <19.5% or >23.5%, 20% LEL, specific chemical hazard), adequate protections shall be taken such as ventilation of the space.
  - Walkways are required where employees must cross over the trench. Walkways with guardrails must be provided for crossing over trenches > 6' deep.
  - Employees must be protected from loose rock or soil through protections such as scaling or protective barricades.

BEFORE REQUESTING A STREET OPENING PERMIT

1. The City of Peabody and the Department of Public Services support the "Digsafe" Law, Therefore, prior to the issuance of every street opening permit, the contractor must submit a Digsafe Number which will be recorded on the permit.

   You will notify the following utilities through the Digsafe Number: 1-800-322-4844.

   A. Peabody Electric Light Department
   B. National Grid
   C. Verizon, Comcast and/or any other telephone/cable utility

   *No permit application will be accepted without a valid Digsafe Number.

2. You will also contact the DPS Water, Engineering, Police, Fire, and Building Inspector divisions to obtain approvals prior to doing the work.

3. A water and/or sewer schematic MUST be submitted within 48 hours after the job is completed. (see attached form for more information).

4. All administrative and technical aspects of the 1997 Street and Sidewalk Opening Permit Manual will be followed.

5. Both a State and City permit are required for work on State Routes 114, 128, 1, and 95. Contractors will process their applications for this work through the DPS Engineering division.

6. Of special note are the following:

   A. Roadway trenches will be patches with a minimum of four (4) inches of **hot** asphalt at the end of **every** day. (Cold patch will NOT be allowed).

   B. Contractors shall **inspect their trenches** frequently to assure the safety of the public and to make repairs when necessary.

   C. Permits are **void** after (**30**) days.

   D. Permits may be refused to anyone who does not submit water & sewer schematics within 48 hours after a job is completed, and/or legal action may be taken.

   E. Any contractor who is in violation of the requirements of the 1997 street and sidewalk opening permit manual **shall be denied permits in the future**, and/or legal action may be taken.

City of Peabody

Ward _____

APPLICATION FOR VARIANCE, OR OTHER RELIEF

_____
Date

TO THE BOARD OF APPEALS OF THE ZONING ORDINANCE:

The undersigned hereby petitions the Peabody Board of Appeals of the Zoning Ordinance as follows:

1a. Name, address and telephone number of petitioner _____

1b. Location of Property _____, Peabody, MA 01960

2. Name and address of owner of land _____

3. If petitioner is not owner, state interest or status of petitioner in land, attaching any copy of any option or purchase agreement _____

4. If the petitioner is the owner of the land, state the date of acquisition and the name of person from whom title acquired from _____

5. Is this (1) a request for a variance,
   (2) an appeal from an administrative decision.

   Check appropriate item.

6. If an appeal from administrative determination, such as Building Inspector, etc., please state the determination and date thereof and the interpretation herein claimed (a copy of the determination appealed from MUST be attached hereto.) See letter from Building Inspector made a part of this file.

7. If this is a request for a variance, state the specific provisions of the zoning ordinance which are involved _____

8. If this is a request for a variance, state the details of the variance sought, giving area dimensions, etc._____

8a. If "substantial hardship" is claimed, please state specific grounds _____

9. Describe the land affected attaching a plan complying with the Rules of this Board _____

10. If this is a request for a variance, state whether the land to be affected is contiguous with other land held in common ownership _____

11. The successors agree for themselves, their successors, in title, and assigns, to comply continuously with such conditions, limitations and safeguards as may be specified by the Board of Appeals of the Zoning Ordinance and that failure so to comply or failure to use said lot or building (if any) for the purpose above specified shall constitute a violation of and make void any variance issued pursuant hereto.

12. Certified list of abutters must be attached.

13. _____dollar application fee must accompany application.

_____
Signature

CERTIFICATION OF ABUTTERS

DATE: _____

PROPERTY OWNER: _____ MAP: _____ LOT: _____

PROPERTY LOCATION: _____

REQUESTED BY: _____ PHONE #: _____

PLEASE ALLOW UP TO 5 BUSINESS DAYS FOR THE COMPLETION OF YOUR REQUEST

_____ Chapter 138, Section 15A – direct abutters & churches, synagogues, hospitals and schools within 500'

_____ Chapter 40A, Section 11 – abutter to abutter within 300'

Special Permit: _____ Variance: _____

_____ Chapter 41, Section 81T – direct abutters

_____ Chapter 32, City of Peabody Code – Wetlands & Rivers Protection Regulations
abutter to abutter within 300'
Chapter 131, Section 40 – abutters within 100' (MUST BE DONE AS ABOVE EFFECTIVE 4/01)

_____ 700CMR 3.06, State Permits for billboard signs – Notification within 500 ft.

MAP – LOT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

BOARD OF ASSESSORS
CITY OF PEABODY

_____
CERTIFIED

City of Peabody
Zoning Board of Appeals
City Hall • 24 Lowell Street • Peabody, Massachusetts 01960 • Tel. 978-538-5792

LEGAL ADVERTISING

I _____ HAVE CHOSEN THE FOLLOWING

PAPER TO PLACE MY LEGAL ADVERTISMENT IN FOR THE PURPOSE OF

PUBLIC HEARING/MEETING:

_____

☐ PEABODY/LYNNFIELD WEEKLY NEWS $76.00*

☐ PEABODY CITIZEN $72.00*

☐ SALEM EVENING NEWS $215.64*

☐ DAILY EVENING ITEM $183.84*

*PLEASE SEE POSTED ADVERTISING RATES

SIGNED:

_____

Community Development Authority (CDA)

BUSINESS LOAN PROGRAM FACT SHEET

1. *Who is eligible?*

Any industrial, commercial, mixed use or housing development in Peabody is eligible.

2. *What kind of financing is available?*

The Business Loan Program will finance fixed assets that create job opportunities and add to the tax base.

3. *How much money is available?*

The Business Loan Program does not compete with private financing. The program was created to complement private financing and will fill the gap between what the financial institution will loan and what the project needs.

4. *What are the interest rates and terms?*

As of July 1, 2013 the interest rate will 3%. An interest rate of 2.75% will be offered to borrowers that pay electronically. It can be a fixed rate and be amortized over a twenty year period. The terms are somewhat flexible and can be tailored to make the project feasible.

5. *How are the loans secured?*

The Community Development Authority will take a subordinate position but will require personal and/or corporate guarantees.

6. *Are there any other costs associated with the loan?*

There is a $250 non-refundable Application Fee and all legal and appraisal costs are the responsibility of the applicant. At the closing of the loan, a 1.5% Loan Origination Fee will also be due.

7. *What are the chances of getting a loan?*

Chances are good if you have...

- A project that creates jobs and increases City tax revenues
- Private funding for roughly 80% or more of the total project costs
- Firm, private financing commitment(s)
- Evidence the project needs the loan and
- A project that is ready to proceed.

For additional information, please contact Stacey Bernson, Assistant Community Development Director, City of Peabody, 24 Lowell Street, Peabody, Massachusetts 01960. Telephone: 978-538-5771. Email: stacey.bernson@peabody-ma.gov

General Guidelines

Interest Rate:
The interest rate will be fixed at the time of the commitment of the loan. The current rate is 3%. A lower rate of 2.75% will be offered to borrowers that pay electronically.

Collateral:
Junior security position on real and fixed assets subordinated to private and quasi public lenders.

Term:
All real estate loans have a 10 year term with an amortization of 20 years. A balloon payment of the balance is due at the end of the term.

Application:
To apply, applicants must submit a one time, non-refundable fee of $250 to cover loan processing costs.

Loan Origination Fee:
1.5% of the total requested loan amount.

Legal Fees:
Varies.

Pre-Payment Penalty:
None.

Administered by:

The City of Peabody's
Department of Community
Development and Planning
24 Lowell Street
Peabody, MA 01960
Phone: 978-538-5771
Fax: 978-538-5987

Email:
stacey.bernson@peabody-ma.gov

Disclaimer:

The CDA retains the ability to amend terms and/or program policies with a vote of the CDA. Interest rates, terms and program policies subject to change without notice.

Updated:
August 5, 2013

CDA

Community Development Authority

Business Loan Program

Telephone
978-538-5771

CDA Business Loan Program

Program:

The City of Peabody's proactive approach to economic development resulted in the establishment of a revolving loan pool of funds administered by the Department of Community Development and Planning and a five member quasi-public Community Development Authority (CDA). The Business Loan Program is a flexible source of loan funds for commercial and industrial projects, the purpose of which is to encourage the creation/retention of quality jobs and to increase the tax base.

How can we help?

The CDA has helped hundreds of applicants retain or expand existing business and/or help attract desirable new business to the City of Peabody by providing loans for equipment, land and/or site acquisition, construction and redevelopment.

The CDA is able to provide below-market, low-interest loans to be used to help bridge the gap between the cash and assets of a business owner and the equity requirements needed to obtain a commercial loan from a bank. The program is designed to provide no more than 20% of a project's total financing requirements.

Project Standards:

- Businesses and projects that have the greatest potential for long-term job creation/retention are primary focus
- Applicants must demonstrate that they have a viable project and clearly identify the proposed uses of the loan proceeds
- Project must provide a new or increased source of real estate tax revenue
- Applicants must exhibit the experience, capacity and financial ability to successfully develop and manage the project
- Project must be in a high state of readiness to proceed and/or "shovel ready" for construction
- Applicant should have a minimum of a 5% equity in the project and secured primary financing from a reputable lender
- Loan amount requested does not exceed 20% of the project's total financing requirements
- Eligible borrowers include both for profit businesses and non-profit entities.

Types of Projects:

Commercial Real Estate Development:

Development projects in which 100% of the net usable building floor area will be utilized for retail, office use or housing. Projects may be new construction and/or redevelopment.

Mixed-Use Real Estate Development:

Development projects that include a mix of retail and/or office uses and housing. Retail and/or office uses must occupy the street-level floor. Projects must conform to the City's Zoning Ordinance.

Industrial Real Estate Development Projects:

Development projects that will include some or all of the following activities:

- Manufacturing
- Assembly
- Warehousing and Distribution

Community Development Authority (CDA)

BUSINESS LOAN PROGRAM APPLICATION

BORROWER/BUSINESS INFORMATION

Borrower's Name:	Tax Identification #:
Name of Business:	Telephone #:

Principal Business Address: Street:			Mailing Address: Street:		
City:	MA	Zip:	City:	MA	Zip:
Email Address:					

IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE:

Applicant _____ Co-Applicant _____

Please check one: ❑ C Corporation ❑ S Corporation ❑ Partnership ❑ Sole Proprietorship ❑ Individuals ❑ Trust ❑ LLC ❑ LLP ❑ Non-Profit

Type of Business: ❑ Manufacturer ❑ Retailer ❑ Service ❑ Wholesaler/Distributor ❑ Other (specify)

Year Established:	Current Number of Employees:	Do you anticipate hiring new employees? ❑ Yes ❑ No If yes, how many?

MANAGEMENT/GUARANTORS

Name	Title	% Ownership	Social Security #

LOAN REQUEST

Amount	Term (Years)	Purpose of Loan:

Payment Method ❑ Manual ❑ Electronic

Comments:

IF YOU INTEND TO APPLY FOR JOINT CREDIT, PLEASE INITIAL HERE:

Applicant _____ Co-Applicant _____

Borrower/Business Financing

Primary Lender(s)	Amount	Term (Years)	Approval Received
			❑ No ❑ Yes
			❑ No ❑ Yes

Comments:

Collateral/Business Assets

If your collateral consists of real estate, accounts receivable and/or inventory, fill in appropriate spaces. If you are pledging machinery and equipment. furniture and fixtures and/or other, please provide and itemized list that contains all articles that had an original value greater than $1,000. Include a copy of last year's property tax bill and legal description of any real estate offered as collateral.

ASSET	DATE ACQUIRED	ORIGINAL VALUE	PRESENT VALUE	PRESENT LOAN BALANCE
Commercial Real Estate				
Personal Real Estate				
Machinery & Equipment				
Furniture & Fixtures				
Accounts Receivable				
Inventory				
Other				
Total				

Notes Payable

Bank Name	Loan Type	Maturity Date	Collateral	Present Balance	Monthly Payment

Business Financial Summary

What is the name of your primary bank?	Deposit account number(s):

Please indicate the number of years experience in the industry by the majority owner(s):

Have you or your business guaranteed any debts not listed on the financial statements? ❑ No ❑ Yes (If yes, what is the total liability? $
Is your business a party to any claim or lawsuit? ❑ No ❑ Yes
Have you ever owned or operated a business that declared bankruptcy? ❑ No ❑ Yes
Does your business owe any taxes for years prior to the current year? ❑ No ❑ Yes
Please state whether more than 20% of sales are to one customer. ❑ No ❑ Yes
If you answered "yes" to any of the above questions, please provide the details as an addendum.

The applicant(s) hereby certify that the information contained in this application is provided to induce the Community Development Authority (CDA) to extend credit to the business. The applicant(s) acknowledge and understand that the CDA is relying on the information provided in this application in deciding whether to grant credit. Each of you represents, warrant, and certify that the information is true, correct, and complete. Each of you agrees to notify the CDA immediately of any materially adverse change in any of the information contained in this application, or your or any proposed guarantor's financial condition. The CDA is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained in this application. You authorize any person or credit reporting agency to give the CDA any information it may have about you. Each of you authorizes the CDA to answer questions about the CDA credit experience with you. You understand that the CDA may request additional information to complete this application.

Applicant Signature	Title	Date
Co-Applicant Signature	Title	Date

Community Development Authority (CDA)

BUSINESS LOAN PROGRAM APPLICATION CHECKLIST

Please use the list below to insure that your application is complete:

- ❑ Create a cover letter introducing yourself and your business and/or project
- ❑ Complete the CDA Business Loan Program Application
- ❑ Complete the personal financial statement form
- ❑ Personal federal tax returns for the last 2 years (please include all schedules)
- ❑ Federal tax returns for the business for the last 2 years
- ❑ Please provide accountant prepared financial statements on the business for the same period. If not available, please indicate with *"n/a."*
- ❑ Submit the original, plus five, double sided copies of the completed loan application, supporting documentation, cover letter and non-refundable check in the amount of $250 made payable to the *CITY OF PEABODY COMMUNITY DEVELOPMENT AUTHORITY*

Community Development Authority (CDA)

PERSONAL FINANCIAL STATEMENT

❑ **Individual Statement** ❑ **Joint Statement** Information about your spouse does not need to be provided unless this is a joint statement with your spouse or if you are relying on his/her income or assets to obtain credit. All parties whose assets are relied upon will be requested to sign notes or other documents required in connection with credit extended.

Applicant Name:	Date of Birth:	Social Security number:	
Co-Applicant Name:	Date of Birth:	Social Security number:	
Address:		Home Phone:	Years at address:
Employer Name	Type of Business:	Position:	Years in job:
Employer Address:		Business Telephone:	

INCOME & EXPENDITURES STATEMENT

Note: Alimony, Child Support or separate Maintenance Payments need not be revealed unless you desire such income to be considered in evaluating credit worthiness. Submit separate schedule when appropriate.

CURRENT YEAR'S ESTIMATED INCOME	APPLICANT	CO-APPLICANT	CURRENT YEAR'S ESTIMATED EXPENSES	APPLICANT	CO-APPLICANT
Salary & Net Professional Income			Rent, Co-op/Condo Maintenance or Mortgage Payments (Annual)		
Bonus & Commissions			Real Estate Taxes		
Interest and Dividends			Income Taxes (State & Federal)		
Net Real Estate Income			Interest & Principal Payments on Loans		
Capital Gains (Losses)			Estimated Living Expenses		
Other Income – describe			Other Expenses – describe		
TOTAL			TOTAL		

PERSONAL BALANCE SHEET

ASSETS		LIABILITIES	
Cash (Schedule 1)		Consumer Debt (Schedule 3)	
Marketable Securities (Schedule 2)		Real Estate Mortgage, Personal (Schedule 4)	
Retirement Accounts (Schedule 7)		Real Estate Mortgage, Investment (Schedule 4)	
Real Estate, Personal (Schedule 4)		Loans against life insurance (Schedule 5)	
Real Estate, Investment (Schedule 4)		Margin Loans (Schedule 2)	
Cash Value Life Insurance (Schedule 5)		Other Liabilities	
Other Assets (Schedule 6)		Contingent Liabilities (See questions below)	
Other Investments (Schedule 7)			
TOTAL ASSETS		**TOTAL LIABILITIES**	
		NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)	

Schedule 1

***CASH** in Bank Checking and Savings Accounts, Certificates of Deposit, Money Market Funds*

Name of Bank or Money Market Fund	Deposit Balance	Pledged as Collateral

Schedule 2

***SECURITIES** Stock and Bonds Registered and Traded on National Exchanges or over the Counter, Treasury Bills, Municipal Bonds, Commercial paper, Mutual Funds – Include Margin Loans with Brokerage Firms*

Bonds – Face Value Stocks – Number of Shares	Description of Security	Cost	Market Value	Any Securities Pledged? If so, to whom	Brokerage Margin Loan

Schedule 3

Consumer Debt and Installment Credit (indicate types as auto, credit card, etc.)

Type	Collateral	Total Monthly Payment	Total Outstanding Balance

Schedule 4

Personal or Investment Real Estate (Include second mortgages and equity lines)

Property Address and Legal Owner	Type of Property	Purchase		Market Value	Current Loan Balance	Maturity Date	Lender
		Date	Price				

Schedule 5

LIFE INSURANCE

Insurance Company	Face Amount of Policy	Whole Life of Term Policy	Beneficiary	Cash Surrender Value, if any	Amount Borrowed

Schedule 6	***Other Assets*** *(List any items which you feel are significant enough to note; partnerships, investments, automobiles, airplanes, boats, etc.)*			
	Asset	Cost	Market Value	Amount Due

Schedule 7	***Other Investments*** *(IRA's, Keogh's, etc.)*		
	Investment/Custodian	Date Acquired	Market Value

		Yes	No
1) Have either of you or any firm in which you were a major owner ever declared bankruptcy?		❑	❑
2) Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership?	$ _____	❑	❑
3) Are there any suits or legal actions pending against you?	$ _____	❑	❑
4) Income Taxes are filed through (date): _____. Are any returns currently being audited or contested?		❑	❑
5) Do you have any outstanding letters of credit or surety bonds?		❑	❑

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately in writing of any change in name, address, or employment and of any material adverse changes in any of the information contained in this statement, this should be considered as a continuing statement and substantial correct. If the undersigned fails to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorizes any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned. Each of the undersigned shall supply annually an updated financial statement. This person financial statement and any other financial or other information that the undersigned give shall be your property. The undersigned also agrees that all funds advanced under the extension of credit will be for business purposes.

_____ Applicant Signature

_____ Date

_____ Co-Applicant Signature

_____ Date