



TOWN OF BROOKLINE
Massachusetts
DEPARTMENT OF PUBLIC WORKS

Erin Chute Gallentine
Commissioner

CURB CUT PROCEDURE

1. Resident or Contractor submits Application for Schedule of Work with the Building Department.
2. Location and plans are investigated and signed by the Building Commissioner upon approval.
3. Resident or Contractor brings signed application to the Department of Public Works
4. Resident or Contractor submits Open Permit Application with DPW
 - a. Contractor must be Bonded with the Town of Brookline on proper forms which are distributed through DPW
 - b. a DIGSAFE # must be requested to obtain permit
5. Engineering investigates location and plans, and is subject to both the Permit Inspector's and the Director of Engineering's approval.
6. Upon Engineering's approval, the Commissioner of Public Works signs the Application for Schedule of Work.
7. Resident or Contractor, upon receipt of Open Permit and a payment of a \$75.00 Administration Fee, brings original signed application to the Building Department for Building Permit.



TOWN of BROOKLINE
Massachusetts

Erin Chute Gallentine
Commissioner of Public Works

Daniel F. Bennett
Building Commissioner

APPLICATION FOR SCHEDULE OF WORK

DATE: _____

RESIDENT INFO: (1) Name _____

Address _____

Phone Number _____

APPLICATION FOR:

- A) _____ New Driveway
B) _____ Driveway Reconstruction
C) _____ Curb Cut

DESCRIPTION OF WORK:

WORK WILL BE DONE BY

- A) _____ Town of Brookline
B) _____ Private Contractor

CONTRACTOR INFO: (3) Name _____

ADDRESS _____

Phone Number _____

- prior to any work, the contractor must be bonded with the town of brookline and submit a digsafes number in order to obtain a permit from the department of public works
- following the completion of work, the location will be inspected by a town of brookline of brookline representative
- please note that the cut-off date for the issuance of permits is november 15th. all other permits will be issued on a day to day, emergency basis only.

(2) Submitted by: _____

(4) Approved by: _____

(5) Approved by: _____

Resident or Contractor

Building Commissioner

Commissioner of Public Works



TOWN of BROOKLINE
Massachusetts
 Department of Public Works

PREAPPROVAL APPLICATION
 STREET OPENING/TRENCHING PERMIT

Erin Chute Gallentine
 Commissioner

DATE: _____ DIG SAFE #: _____ Public and/or Private

Applicant: _____

Address: _____

Emergency Contact Person: _____ Phone: _____

Insurance Co.: _____ Address: _____

Excavation Contractor: _____
 (If different from applicant)

Location: _____ Purpose: _____

SIZE OF SIDEWALK EXCAVATION: L= W= Depth= _____

TYPE: BIT CONC CONCRETE

SIZE OF ROADWAY EXCAVATION: L= W= Depth= _____

TYPE: BIT CONC CONCRETE GRAVEL

START DATE : _____

- NOTES:
1. All excavated materials must be hauled offsite and replaced with dense graded crushed stone.
 2. All excavations in the public way must be patched with Hot Mix Asphalt within the same day of excavation unless otherwise approved by the Commissioner of Public Works.

APPLICANT'S SIGNATURE: _____

DO NOT WRITE BELOW DOTTED LINE

YEAR ROADWAY WAS RECONSTRUCTED: _____ YEAR EXPECT/SCHED/ANTIC: _____

TYPE OF CONSTRUCTION: _____ SIGNS: _____ METERS: _____

COMMENTS: _____

GRANT OF LOCATION NEEDED: YES NO

 HOURS OF OPERATION

APPROVAL:

 Permit Inspector Date

 Director of Engineering/Transportation Date

 Commissioner Date



*Erin Chute Gallentine
Commissioner*

TOWN of BROOKLINE
Massachusetts
Department of Public Works

All persons must be bonded with the Town of Brookline before any permits can be issued. Bond packets, with the required forms, must be obtained from this office, and returned completed, with original seals and signatures.

Bond Forms Required:

1. Bond - Only the Town of Brookline Bond form is acceptable

- **Bond must be signed by both the Contractor and the Insurance Company**
- **Bond must have the Insurance Company Seal on the Bond and Power of Attorney attached**
- **Corporations must also affix their Seal to the Bond**

2. Certificate of Vote

- **Only Corporations need this form and must have Corporate Seal affixed and dated same day or prior to bond**

3. Workers' Compensation Insurance Affidavit

- **Must be completed and signed**
- **Copy of insurance certificate must be attached**

4. Completed Bond Fact Sheet

Only complete packets will be accepted

Bond No.

Know All Men by these Presents

That we, _____
(company name)

of _____, Massachusetts, _____
(company address) (zip code)

as Principal, and _____
(insurance company name and address)

as surety, are holden and stand firmly bound and obliged unto the TOWN OF BROOKLINE, in the Commonwealth of Massachusetts, in the full and just sum of

FIVE THOUSAND DOLLARS

to be paid unto the said TOWN OF BROOKLINE, its successors or assigns; to which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these Presents.

The Condition of this Obligation is such: That whereas, permits are from time to time to be issued to the said principal obligor by the Selectmen of the Town of Brookline though the Commissioner of Public Works.

Now, there, if the said principal obligor shall faithfully do and perform each and all of the things required of him by the By-laws of said Town, by the rules of the Selectmen of the said Town, now relating or that may relate thereto, and by the conditions, specifications and provisions contained in each and every permit issued to the said principal obligor for the purposes aforesaid, and shall indemnify and save harmless the Town of Brookline, from all liabilities, loss and expenses whatsoever, including reasonable attorneys' fees, which the Town may incur and suffer, arising out of the issuing of such permits and all extensions of the same, and shall make no default therein, then the above obligation shall be null an void; but if the said principal obligor shall fail or neglect to do and perform either of the things so as aforesaid required of him, the said obligation shall remain in full force and effect.

IN WITNESS WHEREOF, we hereunto set our hands and seals, this

day of _____, 20 _____

Signed, sealed and delivered, in the presence of

Corp Seal

By _____
(company president)

By _____
(insurance power of attorney)

Insurance Co. Seal

INSTRUCTIONS FOR EXECUTION OF SURETY BONDS
Only Forms provided by the Town of Brookline May Be Used

All bonds must be signed by whoever is applying for the bond, i.e. individuals, partners, members of a firm or association, or an officer of a corporation in addition to a duly authorized officer of the bonding company, as follows:

a. **INDIVIDUALS**

The bond must be with full name on the first signature line of the bond.
Full name must be typed or printed under the signature

b. **PARTNERSHIPS, FIRMS or ASSOCIATIONS**

The name of the partnership must be typed or printed above the signature line and must be signed by all partners. The names of the persons signing must be typed or printed under the signature line.

i.e. JOHN DOE, THOMAS DOE, HENRY DOE, Partners doing business as
DOE CONSTRUCTION COMPANY

BY _____
 John Doe Thomas Doe Henry Doe

The name of the firm or association must be typed or printed above the signature line and must be signed by the person in charge of said firm or association. The name of the person signing must be typed or printed below the signature line.

i.e. JOHN DOE AND MARY DOE, doing business as DOE CONSTRUCTION COMPANY

By _____
 John Doe

c. **CORPORATIONS**

The name of the corporation must be typed or printed above the signature line and the bond must be signed by a duly authorized officer or agent of the corporation. His/her name and office in the corporation must be typed or printed below the signature line.

i.e. The A. B. Doe Company

By _____
 John Doe, President

A Certificate of Vote of the directors of the corporation authorizing an officer to sign the bond on behalf of the corporation must be attached to the signed bond. The certificate must include the date of the directors' meeting (which has to be prior to the signing of the bond), must be signed by the Clerk/Secretary of the corporation, and if the officer authorized to sign and the clerk are the same person, the vote must be countersigned by another officer.

(A CERTIFICATE OF VOTE FORM to sign on behalf of a corporation, is provided by the Department of Public Works)

d. **BONDING COMPANIES/CORPORATIONS**

The name of the bonding company/corporation must be typed or printed above the second signature line and the bond must be signed by duly authorized officer or agent of the bonding company/corporation. His/her name and office in the bonding company/corporation must be typed or printed below the signature line.

i.e. The Standard Fidelity Company

By _____
 Mary Doe, President

A current Power of Attorney appointing duly authorized persons to sign the bond on behalf of the bonding company/corporation must be attached to the bond. The Power of Attorney must be dated and signed by an officer of the bonding company/corporation and the date must be prior to the signing of the surety bond.

e. **CORPORATE SEALS:** Corporations and bonding corporations must affix their corporate seals to the surety bond at the time they sign the bonds and must also affix their seals to the Certificate of VOTE and Power of Attorney.

CERTIFICATE OF VOTE FOR SURETY BOND

(Name of Corporation)

I hereby certify that at a meeting of the Board of Directors of _____
(Corporation Name)

held on _____, 20 _____, at which a majority of the Directors
were present and voting, it was voted that _____ be and
(Name of Officer)

hereby is authorized to execute contracts and bonds in the name and behalf of said corporation,
and affix its corporate seal thereto; and the execution of any contract, bond or obligation in this
corporation's name and on its behalf by such _____ shall
(Name of Officer)
be valid and binding upon this corporation.

I further certify that I am Clerk (Secretary) of said corporation and that _____
(Officer named above)

is duly elected _____ of said corporation and that the above
(Title)

vote has not been amended or rescinded and remains in full force and effect as of this date.

(Signed) _____
(Clerk - Secretary)

(Name of Corporation) _____

Seal (Date) _____

In the event the Clerk or Secretary is the same person as the officer signing the bond for
corporation, this Certificate must be countersigned by another officer of the corporation.

(Countersignature) _____
(Name and Title of Officer)



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

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

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

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

Signature: _____ Date: _____

Phone #: _____

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

City or Town: _____ Permit/License # _____

Issuing Authority (check 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
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

Tel. (617) 727-4900 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



TOWN of BROOKLINE
Massachusetts
Department of Public Works

BOND FACT SHEET

Erin Chute Gallentine
Commissioner

CONTRACTORS INFORMATION

COMPANY NAME: _____

CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ FAX: _____ EMAIL: _____

INSURANCE AGENT INFORMATION

AGENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE #: _____ FAX: _____

BOND # _____ BOND AMOUNT: _____

DATE OF ISSUE: _____ EXPIRATION DATE: _____

PLEASE COMPLETE AND RETURN WITH ORIGINAL BOND & INSURANCE FORMS. THANK YOU.