



SELECT BOARD
TOWN HALL
365 BOSTON ROAD
BILLERICA, MASSACHUSETTS 01821
978-671-0939
FAX: 978-671-0947
selectboard@town.billerica.ma.us

Hazardous Material/Fuel Storage Permit Application Checklist

- Town of Billerica License Application Form to be completed by applicant. All approval signatures must be obtained.
- A check made payable to the Town of Billerica in the amount of \$50 for the application fee.
- Commonwealth of Massachusetts Application – FP-2A
- Plan to scale to be submitted by applicant indicating where storage is located (5 copies).
- Worker’s Compensation Affidavit
- Authorization to Pay for Legal Ads
- Applicant to obtain certified list of abutters from Assessors Office and submit to Select Board’s Office. Select Option “A”
- Fire Department Application to be obtained at Fire Prevention Office and approved by Fire Chief/Deputy Fire Chief. Recommendation from the Fire Chief/Fire Prevention Office must be submitted as part of the application.
- A copy of the Select Board’s policy for fuel storage tanks is provided.
- Once all the information is submitted together to Select Board Office, a public hearing is scheduled.
- Once the application is complete, the **Applicant** will notify abutters by Certified Return Receipt Required mail not less than 7 days before hearing (hearing notification that should be sent to abutters will be emailed to applicant). The sender’s address on the PS Form 3811 “Green Card” should be Town of Billerica, Select Board Office, 365 Boston Road, Billerica, MA 01821. The application address should also be listed on the green card to make sure it is applied to the proper application.



**LICENSE APPLICATION
BILLERICA SELECT BOARD**

Fee Paid: \$ _____

ACTION: **NEW** or **CHANGE**

Licensee of Business:		
Doing Business As:		
Street Address:		Assessors Plate/Parcel:
Phone #:	Zip Code:	Tax ID #:
Alt. Phone #:		Email:

DESCRIPTION OF PREMISES:

Include # floors, total SF, # of patron restrooms, entrance/exit locations, etc. Use additional attachments if necessary and attach a plot plan of the premises if there are exterior changes.

REQUIRED SIGNATURES: (Obtain necessary approvals before submission)

<u>Building Inspector:</u>	Date:
Comments:	
<u>Board of Health:</u>	Date:
Comments:	
<u>Police:</u>	Date:
Comments:	
<u>Fire:</u>	Date:
Comments:	
<u>Treasurer:</u>	Date:
Comments:	

Manager's Name:		
Street Address:		
City/Town/State/Zip:		
Phone #:	Tax ID #:	Email:

Requested Hours of Operation: (For new application or for change on license)

Weekday (Monday-Friday):
Saturday:
Sunday:

LICENSE TYPE REQUESTED:

LIQUOR (Circle Option):	On-Premise Retail (S12)	Wine & Malt	All Alcohol
	Off Premise Retail (S15)	Wine & Malt	All Alcohol
Type of Business S12 Only: Club Hotel/Innkeeper Restaurant			
1-Day Special:	Wine & Malt	All Alcohol (Non-profit Organizations Only)	
COMMON VICTUALLER (Circle Option):	Restaurant	Innholder	Cafeteria
ZBA/Special Permit?: Provide Copy if Yes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
MOTOR VEHICLE (Circle Option):	Class I	Class II	Class III

HAZARDOUS MATERIAL STORAGE (List Type):

ENTERTAINMENT:

Weekday: (Per MGL, Ch. 140, Section 183A):

Sunday: (Per MGL, Ch. 136 – **Form 90 Required):**

Type of Entertainment:

AMUSEMENT DEVICE (Per MGL, Ch.140, Section 177A)

of Total Devices:

Enter Each Device Separately. Name of Machine and Serial #. Use separate paper if necessary.

#1:	#5:
#2:	#6:
#3:	#7:
#4:	#8:

OTHER (Circle Option):

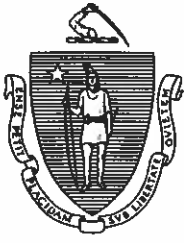
Taxi Livery Bowling Auctioneer Other: _____

Licensees Signature:	Date:
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Title:

The applicant certifies compliance with all Rules, Regulations, Laws and By-Laws in effect at this time. Under the penalties of perjury, the signature below certifies the above information as true and correct to the best of their knowledge and belief. False statements can result in immediate license revocation.

NAME OF INDIVIDUAL OR CORPORATION THAT PAYS REAL ESTATE TAXES TO THE TOWN OF BILLERICA:



FP-002A
(Rev. 1.2018)

The Commonwealth of Massachusetts
City/Town of Billerica

Application For License

Massachusetts General Law, Chapter 148 §13

New License Amended License

GIS Coordinates

LAT.

LONG.

License Number

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: _____
Number, Street 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

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 1.00 Table 1.12.8.50; 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: _____

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 1.00 Table 1.12.8.50)

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

List sizes and capacities of all aboveground 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: _____

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 1.00 Table 1.12.8.50)

❖ 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: _____

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 1.00 Table 1.12.8.50)

❖ 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: _____

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 1.00). 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: _____

17.0 Licensing

- 17.1 The Town Manager shall provide the necessary resources of the Police, Fire, Building Department and Treasurer's Office in order to properly conduct the annual license renewal process and also provide continuing enforcement and monitoring of all licenses in force. The Town Manager shall arrange for the issuance of all licenses from the Town Manager/ Board of Selectmen's office.
- 17.2 In the event that payment for the license fee is not paid by cash, bona fide check or other banking instrument, the license shall not be renewed.
- 17.3 In order for a license applicant to appear before the Board of Selectmen, the applicant must have completed all necessary forms and reviews by all departments involved in the application request.
- 17.4 A Certificate of Insurance must accompany any and all requests for a one day liquor license whether the liquor is going to be sold or given away free.
- 17.5 Applicants seeking a fuel storage tank license should include a provision for a monitored type fuel storage tank (i.e. thermos bottle type, double walled fiberglass tank or a sealed concrete vault, monitored or similar type arrangements).

35.0

Legal Notices

- 35.1 Certain Public Hearings before the Board of Selectmen require prior publication of Legal Notice in a newspaper of general circulation. It has historically been the standard practice and procedure of the Board that the applicant/appellant requesting the hearing pay the costs for such Legal Notices. The Board of Selectmen hereby formalizes this practice into a written policy. Hence, the costs for advertising or publishing Legal Notices for Public Hearings, of whatever nature, before the Board of Selectmen shall be the responsibility of the applicant/appellant.
- 35.2 Upon the filing of an application or appeal to the Board of Selectmen, an Authorization Form (see Attachment D) must be completed acknowledging that the applicant/appellant accepts full responsibility for the costs relating to publication of Legal Notice. The completed Authorization shall become part of the application. Without a completed Authorization, an application for hearing or appeal shall be deemed incomplete, and no Legal Notice shall be published. Without publication of a Legal Notice, as may be required by applicable statute, Bylaw, rule or regulation, the application/appeal process shall not proceed and a Public Hearing will not be scheduled.



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: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

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

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

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

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

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

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. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____



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**AUTHORIZATION FORM
LEGAL AD**

DATE: _____

NAME: _____

(Please print)

ADDRESS: _____

(Please print)

EMAIL (to send legal ad proof): _____

(Please print)

In connection with my application/petition for:

I authorize the Town of Billerica to place a Legal Notice, as required for the Public Hearing before the Select Board, for this application/petition in the local newspaper and accept full responsibility for the costs of said advertisement(s). I understand I will be responsible for submitting a check made payable to the "Town of Billerica" for the cost of the legal advertisement prior to the scheduled public hearing.

Signed:

(Petitioner/Legal Representative of Applicant/Petitioner)



Board of Assessors
Town Hall
365 Boston Road
Billerica, Massachusetts 01821

RICHARD J. SCANLON, *Chairman*
BRUCE E. RICHARDSON, *Associate*
KATHRYN M. MATOS, *Associate*

Tele: (978) 671-0971
Fax: (978) 663-5621

ABUTTERS LIST REQUEST

Name _____ Date _____
Address of Property _____ Plate _____
Telephone Number _____ Parcel _____

I request one copy of the following abutters list and three copies of the labels for the above listed property. The cost of this service shall be \$2.00 per name. The list shall be available five to ten (5-10) working days from the requested date or earlier.

Signature of applicant _____

Types of Abutters Lists

There are four types of abutters lists which may be required in the Town of Billerica. The board or commission you are seeking approval from and the particular request you are making determines the type of list. You will need to contact the applicable board or commission to determine which of the following will be required in your case.

(Circle one - If no letter is circled a "D" list will be prepared.)

A Direct Abutters - Direct Abutters to Parcel and Roadway Being Improved

This list contains direct abutters only. Properties across public right-of-ways or paper streets, which have not been discontinued, are not included. (This list should include direct abutters to the roadway being improved if road construction is involved.)

B. Abutters Within 100 Feet

This list contains all abutters within 100 feet of the parcel, notwithstanding public or private streets or ways, municipal borders or bodies of water.

C. Abutter to Abutter Within 300 Feet

This list contains abutters to direct abutters within 300 feet of the parcel. If there is more than one abutter between the subject parcel and the abutting property within 300 feet the owner will not be notified.

D. All Property Owners Within 300 Feet (Cell Towers - All Property Within 500 Feet)

This list contains all properties within 300 feet of the subject parcel. Abutters to abutter restrictions do not apply.

Assessor's
Signature _____ Date _____ Amount _____