

## **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

### ZONING BY-LAW

#### ARTICLE VI, VEHICULAR SERVICE USES REQUIREMENTS

##### §6.04 - DESIGN OF ALL OFF-STREET PARKING FACILITIES

###### *\*Excerpt Delineating Dimensional Requirements for Driveway Curb Cuts at the Public Way:*

4. Entrance and exit drives, except as permitted in **paragraph 11.** below, shall be:

- a. a minimum of 12 feet wide for one-way use only;
- b. a minimum of 20 feet wide for two-way use;
- c. a maximum of 20 feet wide at the street lot line in residence districts, and 30 feet wide in business and industrial districts, except that the Board of Appeals by special permit may modify these limitations upon reports from the Commissioner of Public Works and the Director of Transportation that an increased width would facilitate traffic and be safer, copies of such reports to be provided to the applicant;
- d. located at least the following distance from a street corner, said distance to be measured from the intersection of the street lot lines or extension thereof:
  - 1) 25 feet in all S, SC, T, and F districts;
  - 2) 50 feet in all other districts, except that the Board of Appeals by special permit may modify this requirement after receipt of reports from the Commissioner of Public works and the Director of Transportation that such modification in distance would facilitate traffic and be safer and subject to the provisions of **§9.05.**
- e. The grade and design of any driveway providing access to a required parking facility shall be such as to provide a clear view to the driver of any car exiting from the facility of traffic on the street and of pedestrians on the sidewalk, and in no case shall the grade of the driveway within 20 feet of the property line be greater than 10 percent.
- f. Designed to insure maximum pedestrian and vehicular safety and minimize potential conflicts between pedestrians and motor vehicles. To do so, the Planning Board and Board of Appeals, as a condition of a special permit, and with technical input from the Building Commissioner and Director of Engineering and Transportation, may require that one or more of the following safety enhancements be provided:
  - 1) Adequate sight distance so that exiting vehicles have a clear view of any pedestrian on the sidewalk within a minimum of five (5) feet to either side of the entrance or exit drive measured from six (6) feet behind the property line and along the centerline of the driveway;



TOWN of BROOKLINE  
Massachusetts

Andrew M. Pappastergion  
Commissioner of Public Works

Dan 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 15<sup>th</sup>. 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

Andrew M. Pappastergion  
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



TOWN of BROOKLINE  
*Massachusetts*  
Department of Public Works

*Andrew M. Pappastergion*  
Commissioner

**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**

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)

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

Approved, \_\_\_\_\_  
Chairman of Selectmen

Town of Brookline, Massachusetts  
Department of Public Works

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 of 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.



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 #: \_\_\_\_\_

# 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 your insurance company's name, address and phone number along with a certificate 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). 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](http://www.mass.gov/dia)