

FP-002  
(Rev. 1.1.2015)

*The Commonwealth of Massachusetts*  
*City/Town of Waltham*

## License

Massachusetts General Law, Chapter 148  
§13

☐ New License    ☐ Amended License

After notice and hearing, and in accordance with Chapter 148 of the Mass. General Laws,  
a license is hereby granted to use the land herein described for the purposes described.

Location of Land: \_\_\_\_\_

Number, Street and Assessor's Map and Parcel ID

Owner of Land: \_\_\_\_\_

Address of Land Owner: \_\_\_\_\_

### **Flammable and Combustible Liquids, Flammable Gases and Solids**

*Complete this section for the storage of flammable and combustible liquids, solids, and gases. All tanks and containers are considered full for the purposes of licensing and permitting. (Attach additional pages if necessary.)*

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

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

❖ 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)*

❖ Maximum amount (in pounds) of Class **1.3G**: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.4G**: \_\_\_\_\_

❖ Maximum amount (in pounds) of Class **1.4**: \_\_\_\_\_

Total aggregate quantity of all classes of fireworks to be stored: \_\_\_\_\_

**THIS LICENSE OR A CERTIFIED COPY THEREOF MUST BE CONSPICUOUSLY  
POSTED ON THE LAND FOR WHICH IT IS GRANTED.**

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

- |   |   |
|---|---|
| ❖ Maximum amount (in pounds) of Class <b>1.1:</b> _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class <b>1.2:</b> _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class <b>1.3:</b> _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class <b>1.4:</b> _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class <b>1.5:</b> _____ | Number of magazines used for storage: _____ |
| ❖ Maximum amount (in pounds) of Class <b>1.6:</b> _____ | Number of magazines used for storage: _____ |

**Licensing Authority Use:**

This license is granted upon the condition that the licensed activity will comply with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts General Law, Chapter 148, and the Massachusetts Fire Code (527 CMR 1.00) as amended. The license holder may not store materials in an amount exceeding the capacities herein specified unless and until any amended license has been granted.

**ADDITIONAL RESTRICTIONS:**

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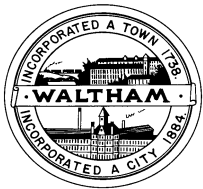
Signature of Licensing Authority

Title

Date

Order#

**THIS LICENSE OR A CERTIFIED COPY THEREOF MUST BE CONSPICUOUSLY  
POSTED ON THE LAND FOR WHICH IT IS GRANTED.**



## CITY OF WALTHAM

### APPLICATION FOR LICENSE

For the lawful use of the herein described building/structure/tank, application is hereby made in accordance with the provisions of Chapter 148 of the Massachusetts General Laws and Chapter 8 of the General Ordinances of the City of Waltham, for a license to use the land on which such building/structure/tank is (or is to be) situated, and only to such extent as shown on plot plan which if filed with are part this application.

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Location of Land: \_\_\_\_\_ Nearest Cross Street: \_\_\_\_\_

Owner of Land: \_\_\_\_\_ Address: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone or Cell # \_\_\_\_\_

Operator of Facility: \_\_\_\_\_ Address: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_ Phone # \_\_\_\_\_

Number of buildings/structures/tanks to which application applies: \_\_\_\_\_

Occupancy or use of buildings/structures/tanks: \_\_\_\_\_

If parking garage, total number of motor vehicles: \_\_\_\_\_ Emergency Generator(s) \_\_\_\_\_

#### TOTAL CAPACITY AND CONTENTS IN GALLONS:

Aboveground: \_\_\_\_\_ Flam/Comb Liquid: \_\_\_\_\_ Flam solid: \_\_\_\_\_

Underground: \_\_\_\_\_ Flam/Comb Liquid: \_\_\_\_\_ Flam solid: \_\_\_\_\_

Flammable Gas Name: \_\_\_\_\_

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**TANK CONSTRUCTION – Material and Design:** \_\_\_\_\_

Approx. date of installation: \_\_\_\_\_ Within 100 year flood plain? \_\_\_\_\_

Underwriter's label (UL) Serial # \_\_\_\_\_

Depth of top of tank below ground level (in inches): \_\_\_\_\_

Does tank meet all requirements of 527 CMR 59 & 14? \_\_\_\_\_

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**EXISTING STORAGE OF SITE:** \_\_\_\_\_

Aboveground: \_\_\_\_\_ List tank size: \_\_\_\_\_ Age: \_\_\_\_\_

Materials stored: \_\_\_\_\_

Underground:\_\_\_\_\_List tank size:\_\_\_\_\_Age:\_\_\_\_\_

Materials Stored:\_\_\_\_\_

Any previous Leaks?\_\_\_\_\_Type and Cause:\_\_\_\_\_

Clean up measurers taken:\_\_\_\_\_

Approx date of leak:\_\_\_\_\_Estimated quantity of leakage:\_\_\_\_\_

Have tank (s) been repaired?\_\_\_\_\_Replaced:\_\_\_\_\_Re-inspected by Fire Dept.\_\_\_\_\_

Signature of Applicant (owner):\_\_\_\_\_Date:\_\_\_\_\_

**Any changes to the Fuel Storage License ie. owner(s), contact person and so on requires notifying the City Clerk's Office. Failure to notify will be forwarded to the City Council. Overdue fees for yearly registration will also cause need to notify the City Council.**

#### **Department Review**

Fire Chief:\_\_\_\_\_

Comments:

Bldg. Dept:\_\_\_\_\_

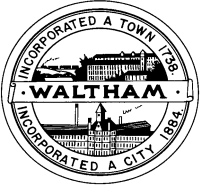
Comments:

Health Dept:\_\_\_\_\_

Comments:

Conservation Comm:\_\_\_\_\_

Comments:



## Requirements for Plans and Fee

- 1) Size of plan should be either 8 ½ inches by 11 inches or 11 inches by 15 inches. Plan should have a north point, names of streets, street numbers on all buildings, size of buildings, distance of garage or fuel tanks from property lines and adjacent buildings and names of property owners. Entrances, exits and all places where the sidewalk is to be crossed are to be shown in red ink.
- 2) Garage applications of more than four (4) car capacity shall be accompanied by an additional plan showing the front elevation of the proposed building. This plan to be the same size as specified above. The vertical scale shall be four (4) feet to an inch.
- 3) All plans shall be signed by the property owner or his authorized agent.

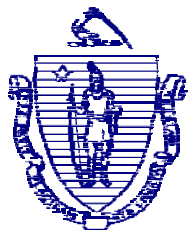
Applicant is required to pay a hearing fee of \$75.00 as well as the cost of a legal ad to the City of Waltham. The legal ad will be billed at a later date. In addition, applicant is required to pay a licensing registration fee as shown in Chapter 8, Article VII, Section 8-106 of the General Ordinances of the City of Waltham after the License is granted. Applications requesting additional storage will be treated as new applications with the licensing fee based on the additional storage. Licenses for Fuel Storage and Garages must be registered annually on or before April 30<sup>th</sup>, with the appropriate fee paid to the City Clerk. Annual registrations do not require a Public Hearing.

### Upload Plans

Upload Certified abutters list (this can be obtained from the City Assessors Office and should include all direct abutters and abutters across the street)

Upload Legal Notice for Hearing (once a hearing date is set the petitioner will have to add the date and time to the notice and mail it to the abutters by certified mail)

Upload other supporting documentation



*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 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. ☐ 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 #: \_\_\_\_\_