**MASSACHUSETTS BUILDING**

**WORK PLAN PERMIT 2023**

Organizations accepted to exhibit in and on the grounds of the Massachusetts Building for the 2023 Big E Fair must have a permit from the Department of Capital Asset Management and Maintenance (DCAMM) to make any changes to their booth space. Contractors are not allowed into the Massachusetts Building without a signed copy of this permit and **certificate of insurance**. Contractors and organizations must follow all contractor work permit stipulations.

Original and copies of the work plan (as well as related drawings, floor plans, charts, total project costs, project schedules and before photos) **must be submitted to Building Manager by Friday July 28, 2023,** in order to be processed in a timely manner.

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| --- | --- | --- |
| **Company/Organization** |  | |
| **Contact Name** |  | |
| **Phone Number** |  | |
| **Email Address** |  | |
| **Location of Work (Exhibitor name and booth #)** |  | |
| **Area Under Construction (sq ft)** |  | |
| **Detailed Description of Work- including signage** |  | |
| **Anticipated Work Date** |  | |
| **Arrival Time** |  | |
| **Estimated Departure Time** |  | |
| **Does work require shutdown or interruption of any building systems? If so, please specify which of the following systems (please circle)** | * Fire Alarm * Sprinklers * HVAC System (air handlers, exhaust fans, hot water steam, chilled water) | * Plumbing (city water, hot water, drains) * Electrical Distribution Panels * Elevator |

**Exhibitors are responsible for any costs incurred as outlined on this work plan.**

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| **Contractor #1 Name/Address** |  |
| **Trade/License #** |  |
| **Foreman** |  |
| **Phone Number** |  |

|  |  |
| --- | --- |
| **Contractor #2 Name/Address** |  |
| **Trade/License #** |  |
| **Foreman** |  |
| **Phone Number** |  |

|  |  |
| --- | --- |
| **Contractor #3 Name/Address** |  |
| **Trade/License #** |  |
| **Foreman** |  |
| **Phone Number** |  |

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| --- | --- |
| **Contractor #4 Name/Address** |  |
| **Trade/ License #** |  |
| **Foreman** |  |
| **Phone Number** |  |

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| **Comments** |  |

All contractors must provide a certificate of insurance naming the Commonwealth of Massachusetts as an additional named insured with respect to all operations in conjunction with the Massachusetts State Building/Massachusetts Department of Agricultural Resources, 225 Turnpike Road, 3rd Floor, Southborough, MA 01772

**For DCAMM use only**

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| **Work Permit Number** |  |
| **Expiration Date** |  |