

## The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR

FOR MUNICIPALITY USE Revised Mar 2011

## Building Permit Application To Construct, Repair, Renovate Or Demolish a One- or Two-Family Dwelling

			This Se	ction For	Official U	Jse Onl	ly				
Building Permit Number:				Date Applied:							
Building Officia	l (Print Na	me)			Signature Date						
SECTION 1: SITE INFORMATION											
1.1 Property Address:				1	1.2 Assessors Map & Parcel Numbers						
				;	Map Number Parcel Number						
1.1a Is this an accepted street? yes no				_	*						
1.3 Zoning Information:					1.4 Property Dimensions:						
Zoning District		Lot Area (sq ft) Frontage (ft)									
1.5 Building Se	tbacks (ft	t)									
Fro	ont Yard			Side Yards				Rear Yard			
Required	Pro	ovided	Requ	iired	Prov	ided	R	equired		Provided	
<b>1.6 Water Supply:</b> (M.G.L c. 40, §54			Zone:		Information: tside Flood Zone?			1.8 Sewage Disposal System:			
Public □ Private □				Che	eck if yes□			Municipal □ On site disposal system □			
SECTION 2: PROPERTY OWNERSHIP <sup>1</sup>											
2.1 Owner <sup>1</sup> of 1	Record:										
Name (Print) City, State, ZIP											
No. and Street				Telephone Email Add					dress	<u> </u>	
	SECTION	ON 3: DESC	CRIPTION	OF PRO	POSED	WOR	K <sup>2</sup> (check	all that apply	<b>'</b> )		
New Construction	on 🗆 Ex	isting Buildi	ng □ Ov	vner-Occi	ıpied □	Repa	irs(s) 🗆	Alteration(s)		Addition	
Demolition	□ Ac	cessory Bldg	g. 🗆 Nu	mber of U	Jnits	_ 0	Other   Specify:				
Brief Description	n of Propo	osed Work <sup>2</sup> :_									
		SECTIO	N 4: EST	MATED	CONST	RUCT	TION COS	STS			
l Itam			ed Costs:   Materials)		Official Use Only						
1. Building		\$			1. Building Permit Fee: \$ Indicate how fee is determined:						
2. Electrical		\$			☐ Standard City/Town Application Fee ☐ Total Project Cost <sup>3</sup> (Item 6) x multiplier x						
3. Plumbing		\$			2. Other Fees: \$						
4. Mechanical (HVAC)		\$		_	List:						
5. Mechanical (Suppression)	Fire	\$									
6. Total Project	et Cost:	\$			No l in Full			t:Cas			
1		1			ı III FUII		- Outsta	inding Balance	Due	·	

SECTION 5: CONSTRUCT	TION SE	RVICES						
5.1 Construction Supervisor License (CSL)								
-	License	Number	Expiration Date					
Name of CSL Holder	License	Number	Expiration Date					
Traine of CDD Horder	List CSL	L Type (see below)						
No. and Street	Type		Description					
No. and Succe	U		uildings up to 35,000 cu. ft.)					
City/Town, State, ZIP	R		Family Dwelling					
City/Town, State, ZIF	M RC	Masonry Roofing Coveri	ma					
	WS	Window and Si						
	SF		Solid Fuel Burning Appliances					
	I	Insulation						
Telephone Email address	D	Demolition						
5.2 Registered Home Improvement Contractor (HIC)								
		HIC Registration Nu	umber Expiration Date					
HIC Company Name or HIC Registrant Name								
No. and Street			Email address					
City/Town, State, ZIP Telephone								
SECTION 6: WORKERS' COMPENSATION INSURA	ANCE AE	FIDAVIT (M G I	[. c 152 8 25C(6))					
		`						
Workers Compensation Insurance affidavit must be completed and this affidavit will result in the denial of the Issuance of the building		ed with this applica	ation. Failure to provide					
Signed Affidavit Attached? Yes □ No	🗆							
SECTION 7a: OWNER AUTHORIZATIO	N TO BE	COMPLETED V	VHEN					
OWNER'S AGENT OR CONTRACTOR AP	PLIES F	OR BUILDING P	PERMIT					
I, as Owner of the subject property, hereby authorize								
to act on my behalf, in all matters relative to work authorized by this building permit application.								
Print Owner's Name (Electronic Signature)			Date					
· · · · · · · · · · · · · · · · · · ·	***							
SECTION 7b: OWNER <sup>1</sup> OR AUTHORIZ	ZED AGE	ENT DECLARAT	ION					
By entering my name below, I hereby attest under the pains and p	enalties o	f periury that all of	the information					
contained in this application is true and accurate to the best of my knowledge and understanding.								
contained in this approximents and the time to the estat of my	1110 11100	se una unacipianan	····8·					
Print Owner's or Authorized Agent's Name (Electronic Signature)			Date					
NOTES:								
1. An Owner who obtains a building permit to do his/her own v								
(not registered in the Home Improvement Contractor (HIC) Program), will <u>not</u> have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at								
www.mass.gov/oca Information on the Construction Supervi								
2. When substantial work is planned, provide the information b			WWW.Massigo Waps					
		inished basement/a	attics, decks or porch)					
Gross living area (sq. ft.)			, I ,					
Number of fireplaces	Numbe	Number of bedrooms						
Number of bathrooms	Number of half/baths							
Type of heating system	Number of decks/ porches EnclosedOpen							
Type of cooling system			_Open					
3. "Total Project Square Footage" may be substituted for "Tota	l Project C	Cost"						