

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

| 2. Electrical \$ | | | | This Sec | tion For | Official U | Jse On | nly | | | | |
|---|--|------------------|-------------------------|----------|--|-------------------|--------|------------------------|----------------|-----|-------------|--|
| 1.1 Property Address | Building Permit | | Date Applied: | | | | | | | | | |
| 1.1 Property Address | | | | | <u>'</u> | | | | | | | |
| 1.1 Property Address | Building Official (Print Name) | | | | | Signature | | | | | Date | |
| 1.1a Is this an accepted street? yes | | | | | | | | | | | | |
| 1.3 Zoning Information: | 1.1 Property Ad | ldress: | | | 1.2 Assessors Map & Parcel Numbers | | | | | | | |
| Lot Area (sq ft) Frontage (ft) | 1.1a Is this an accepted street? yes no | | | | Map Number Parcel Num | | | ber | | | | |
| 1.5 Building Setbacks (ft) | 1.3 Zoning Information: | | | | 1.4 Property Dimensions: | | | | | | | |
| Required Provided Provided | Zoning District Proposed Use | | | | Lot Area (sq ft) Frontage (ft) | | | |) | | | |
| Required Provided Required Provided Required Provided Required Provided Required Provided Provided Provided Provided Provided Provided Provided Required Provided Provided Required Provided Provided | 1.5 Building Se | | | | | | | | | | | |
| 1.6 Water Supply: (M.G.L c. 40, §54) 1.7 Flood Zone Information: Outside Flood Zone: Check if yes Dubic Private SECTION 2: PROPERTY OWNERSHIP | | | | | Side ` | Yards | | | Rear Yard | | | |
| Public Private Zone: Clustick Flood Zone: Municipal On site disposal system Demolition Section 2: PROPERTY OWNERSHIP¹ | Required Pro | | ovided | Requi | red | Provided | | Re | Required | | Provided | |
| Public Private Zone: Clustick Flood Zone: Municipal On site disposal system Demolition Section 2: PROPERTY OWNERSHIP¹ | | | | | | | | | | | | |
| Public Private Check if yes Municipal On site disposal system December Private Private | 1.6 Water Supply: (M.G.L c. 40, § 54) | | | | | | | 1.8 Se | | | | |
| SECTION 2: PROPERTY OWNERSHIP1 2.1 Owner¹ of Record: | Public □ Pri | | | | | | | | | | | |
| No. and Street SECTION 3: DESCRIPTION OF PROPOSED Repairs(s) Alteration(s) Addition | · | | | | | | | | | | | |
| No. and Street SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply) | 2.1 Owner ¹ of Record: | | | | | | | | | | | |
| SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply) New Construction | Name (Print) | City, State, ZIP | | | | | | | | | | |
| New Construction □ Existing Building □ Owner-Occupied □ Repairs(s) □ Alteration(s) □ Addition □ Demolition □ Accessory Bldg. □ Number of Units □ Other □ Specify: □ Section 4: ESTIMATED CONSTRUCTION COSTS | No. and Street | | Telephone Email Address | | | | | | | | | |
| Demolition | | SECTION | ON 3: DESC | CRIPTION | OF PR | OPOSED | WOR | KK ² (check | all that apply | y) | | |
| Brief Description of Proposed Work ² : SECTION 4: ESTIMATED CONSTRUCTION COSTS | New Construction | | | ng 🗆 Ow | ner-Occ | upied 🗆 | Repa | airs(s) | Alteration(s) |) 🗆 | Addition | |
| Brief Description of Proposed Work ² : SECTION 4: ESTIMATED CONSTRUCTION COSTS | | | cessory Bldg | g. 🗆 Nur | nber of Units Oth | | | Other 🗆 S | er 🗆 Specify: | | | |
| Item Estimated Costs: (Labor and Materials) Official Use Only 1. Building \$ 1. Building Permit Fee: \$ Indicate how fee is determined: 2. Electrical \$ □ Standard City/Town Application Fee □ Total Project Cost³ (Item 6) x multiplier x 2. Other Fees: \$ 4. Mechanical (HVAC) \$ 5. Mechanical (Fire Suppression) \$ 6. Total Project Cost* \$ Check No Check Amount: Cash Amount: | | | | | | | | | | | | |
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| 1. Building \$ 1. Building Permit Fee: \$ Indicate how fee is determined: 2. Electrical \$ 1. Building Permit Fee: \$ Indicate how fee is determined: 3. Plumbing \$ 2. Other Fees: \$ | SECTION 4: ESTIMATED CONSTRUCTION COSTS | | | | | | | | | | | |
| 1. Building Permit Fee: \$ Indicate how fee is determined: 2. Electrical \$ | l Irem | | | | | Official Use Only | | | | | | |
| 2. Electrical \$ 3. Plumbing \$ 2. Other Fees: \$ | 1. Building | | , | <u> </u> | 1. Building Permit Fee: \$ Indicate how fee is determined: | | | | | | | |
| 3. Plumbing \$ 2. Other Fees: \$ 4. Mechanical (HVAC) \$ List: 5. Mechanical (Fire Suppression) \$ Total All Fees: \$ Check NoCheck Amount:Cash Amount: | 2. Electrical | | \$ | | * ** | | | | | | | |
| 4. Mechanical (HVAC) \$ List: | 3. Plumbing | | \$ | | | | | | | | | |
| Suppression) Total All Fees: \$ Check NoCheck Amount:Cash Amount: | 4. Mechanical (HVAC) | | \$ | | | | | | | | | |
| Check NoCheck Amount:Cash Amount: | ` | Fire | \$ | | Total | | | | | | - | |
| | | et Cost: | \$ | | | | | | | | | |

| SECTION 5: CONSTRUC | TION SER | VICES | | | | | | | |
|---|--------------------------|---|--|--|--|--|--|--|--|
| 5.1 Construction Supervisor License (CSL) | | | | | | | | | |
| | License N | umber Expiration Date | | | | | | | |
| Name of CSL Holder | Expiration Date | | | | | | | | |
| Thank of GDD House | List CSL | ist CSL Type (see below) | | | | | | | |
| No. and Street | Type | Description | | | | | | | |
| Tio. and Sirect | U | Unrestricted (Buildings up to 35,000 cu. ft.) | | | | | | | |
| City/Town, State, ZIP | R | Restricted 1&2 Family Dwelling | | | | | | | |
| City/Town, State, Zir | M RC | Masonry Roofing Covering | | | | | | | |
| | WS | Window and Siding | | | | | | | |
| | SF | Solid Fuel Burning Appliances | | | | | | | |
| | I | Insulation | | | | | | | |
| Telephone Email address | D | Demolition | | | | | | | |
| 5.2 Registered Home Improvement Contractor (HIC) | | | | | | | | | |
| | - | HIC Registration Number Expiration Date | | | | | | | |
| HIC Company Name or HIC Registrant Name | | ne Registration Number - Expiration Date | | | | | | | |
| No. and Street | | Email address | | | | | | | |
| City/Town, State, ZIP Telephone | | | | | | | | | |
| SECTION 6: WORKERS' COMPENSATION INSUR | ANCE AFF | TDAVIT (M.G.L. c. 152. § 25C(6)) | | | | | | | |
| Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit. | | | | | | | | | |
| Signed Affidavit Attached? Yes | | | | | | | | | |
| SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN | | | | | | | | | |
| OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING 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: OWNER¹ OR AUTHORIZED AGENT DECLARATION | | | | | | | | | |
| By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information | | | | | | | | | |
| contained in this application is true and accurate to the best of my knowledge and understanding. | | | | | | | | | |
| contained in this application is true and accurate to the best of my | Kilowicuge | e and understanding. | | | | | | | |
| | | | | | | | | | |
| 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 <i>not</i> 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 | | | | | | | | | |
| program or guaranty fund under M.G.L. c. 142A. Other impo www.mass.gov/oca Information on the Construction Supervi | | | | | | | | | |
| _ | | can be found at www.mass.gov/ups | | | | | | | |
| 2. When substantial work is planned, provide the information below: Total floor area (sq. ft.) (including garage, finished basement/attics, decks or porch) | | | | | | | | | |
| Gross living area (sq. ft.) (metading | | e room count | | | | | | | |
| Number of fireplaces | Number | Number of bedrooms | | | | | | | |
| Number of bathrooms | Number of half/baths | | | | | | | | |
| Type of heating system | Number of decks/ porches | | | | | | | | |
| Type of cooling system | Enclosed | Open | | | | | | | |
| 3. "Total Project Square Footage" may be substituted for "Total | l Project Co | st" | | | | | | | |