

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR 8 <sup>th</sup> edition				<b>FOR MUNICIPALITY USE</b> (revised 01/20/2015)	
APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING					
This Section For Official Use Only					
Building Permit Number: _____			Date Applied: _____		
Signature: _____ Building Commissioner/ Inspector of Buildings <span style="float: right;">Date</span>					
<b>SECTION 1 – SITE INFORMATION</b>					
1.1 Property Address: _____			1.2 Assessors Map & Parcel Numbers		
1.1a Is this an accepted city/town street: yes___ no___			Map Number _____		Parcel Number _____
1.3 Zoning Information: Zoning District _____ Proposed Use _____			1.4 Property Dimensions: Lot Area (sf) _____ Frontage (ft) _____		
Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
1.7 Water Supply (M.G.L c. 40. § 5-4 Public <input type="checkbox"/> Private <input type="checkbox"/>		1.5 Flood Zone Information: Zone: ___ Outside Flood Zone <input type="checkbox"/>		1.8 Sewage: Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>	
<b>SECTION 2: PROPERTY OWNERSHIP/ AUTHORIZED AGENT</b>					
<b>2.1 Owner of Record:</b>					
Name (Print) _____		Address for Service: Street _____		City/Town _____ State _____	
Signature _____		Telephone _____		Zip Code _____	
<b>2.1 (a) Is this a new or existing owner occupied one or two family? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>2.1(b) Number of Units</b> _____					
<b>2.2 Authorized Agent:</b>					
Name (Print) _____		Authorized Agent: Street _____		City/Town _____ State _____	
Signature _____		Telephone No. for Authorized Agent _____		Zip Code _____	
<b>SECTION 3: CONSTRUCTION SERVICES</b>					
3.1 Licensed Construction Supervisor				License Number _____ Restriction Code _____	
Licensed Construction Supervisor _____				Expiration Date _____	
Address _____		City/Town _____		State _____ Zip Code _____	
Signature _____		Telephone _____			
3.2 Registered Home Improvement Contractor				Registration Number _____	
Company Name _____				Expiration Date _____	
Address _____		City/Town _____		State _____ Zip Code _____	
Signature _____		Telephone _____			

