

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR 9th edition				FOR MUNICIPALITY USE (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 Date					
SECTION 1 – SITE INFORMATION					
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"/>	
SECTION 2: PROPERTY OWNERSHIP/ AUTHORIZED AGENT					
2.1 Owner of Record:					
Name (Print) _____		Address for Service: Street _____		City/Town _____ State _____	
Signature _____		Telephone _____		Zip Code _____	
2.1 (a) Is this a new or existing owner occupied one or two family? Yes <input type="checkbox"/> No <input type="checkbox"/> 2.1(b) Number of Units _____					
2.2 Authorized Agent:					
Name (Print) _____		Authorized Agent: Street _____		City/Town _____ State _____	
Signature _____		Telephone No. for Authorized Agent _____		Zip Code _____	
SECTION 3: CONSTRUCTION SERVICES					
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 _____			

SECTION 4 – WORKERS’ COMPENSATION INSURANCE AFFIDAVIT (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 <input type="checkbox"/> No <input type="checkbox"/>				
SECTION 5 – DESCRIPTION OF PROPOSED WORK (check all applicable)				
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Historic Preservation <input type="checkbox"/>	Other <input type="checkbox"/> Specify:	
Brief Description of Proposed Work: _____ _____ _____				
TOTAL ALL FLOORS (Sq. Ft.) _____ (including garage, finished basement/attics, decks or porch)				
GROSS LIVING AREA (Sq. Ft.) _____ HABITABLE ROOM COUNT _____				
NUMBER OF FIREPLACE _____ NUMBER OF BEDROOMS _____				
NUMBER OF BATHROOMS _____ NUMBER OF HALF/BATHS _____				
NUMBER OF DECKS/ PORCHES _____ ENCLOSED _____ OPEN _____				
HEATING/COOLING _____ TYPE _____				
SECTION 6 – ESTIMATED CONSTRUCTION COSTS			<i>Note: Fees are non-refundable</i>	
Item	Estimated Costs (Dollars) to include both labor and materials.	Official Use Only (N/I means not included)		
1. Building	\$ _____	1. Building Permit Fee: \$ _____		
2. Electrical	\$ _____	2. Electrical Permit Fee : \$ _____		
3. Gas	\$ _____	3. Gas Permit Fee: \$ _____		
4. Plumbing	\$ _____	4. Plumbing Permit Fee: \$ _____		
5. Mechanical (HVAC, Fireplace, stoves, chimney, power vent)	\$ _____	5. Mechanical Permit Fee: \$ _____		
6. Mechanical (Fire Suppression)	\$ _____	TOTAL ALL FEES: \$ _____		
7. TOTAL PROJECT COST:	\$ _____	Check Number:	Cash:	
Section 7a OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNERS 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. _____ Date _____				
SECTION 7b OWNER/AUTHORIZED AGENT DECLARATION				
I, _____, as Owner/ Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf. Print Name _____ Signature of Owner / Agent _____ Date _____ (Signed under the pains and penalties of perjury)				

Owners please read before signing: OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A.