

# Application to Construct, Repair, Renovate or Demolish a One or Two Family Dwelling

INSTRUCTIONS: Please complete all sections using ink. Please print legibly. Incomplete applications could result in delays or denial of application

**SECTION 1 - Site Information:**

<b>1.1 Property Address:</b> <input type="text"/>	<b>1.2 Assessors Map, Block, Number:</b> <input type="text"/>	<b>1.3 Zoning District:</b> <input type="text"/>
<b>1.4 Property Dimensions:</b> Area: <input type="text"/> Frontage: <input type="text"/> Front: <input type="text"/> Rear: <input type="text"/> Right: <input type="text"/> Left: <input type="text"/> % Lot Coverage: <input type="text"/>	<b>1.5 Building Setbacks:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>1.6 Water Supply:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>1.7 Sewage Disposal System:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> On Site Disposal System	<b>1.8 Flood Zone:</b> Flood Zone Map: <input type="text"/>

**SECTION 2 - Property Ownership/Authorized Agent:**

<p><b>2.1 Owner of Record:</b></p> <input type="text"/> Name (print) <input type="text"/> Address Line 1 <input type="text"/> Address Line 2 <input type="text"/> City, State, ZIP <input type="text"/> Telephone <input type="text"/> Fax <input type="text"/> <input type="text"/> Signature <input type="text"/> Date <input type="text"/>	<p><b>2.2 Authorized Agent:</b></p> <input type="text"/> Name (print) <input type="text"/> Address Line 1 <input type="text"/> Address Line 2 <input type="text"/> City, State, ZIP <input type="text"/> Telephone <input type="text"/> Fax <input type="text"/> <input type="text"/> Signature <input type="text"/> Date <input type="text"/>
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**SECTION 3 - Construction Services:**

<p><b>3.1 Licensed Construction Supervisor:</b></p> <input type="text"/> License Number <input type="text"/> Expiration Date <input type="text"/> <input type="text"/> Name (print) <input type="text"/> Address Line 1 <input type="text"/> Address Line 2 <input type="text"/> City, State, ZIP <input type="text"/> Telephone <input type="text"/> Fax <input type="text"/> <input type="text"/> Signature <input type="text"/> Date <input type="text"/> <input type="checkbox"/> Not Applicable	<p><b>3.2 Registered Home Improvement Contractor:</b></p> <input type="text"/> License Number <input type="text"/> Expiration Date <input type="text"/> <input type="text"/> Name (print) <input type="text"/> Address Line 1 <input type="text"/> Address Line 2 <input type="text"/> City, State, ZIP <input type="text"/> Telephone <input type="text"/> Fax <input type="text"/> <input type="text"/> Signature <input type="text"/> Date <input type="text"/> <input type="checkbox"/> Not Applicable
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**SECTION 4 - Workers' Compensation Insurance Affidavit (M.G.L. c. 152 s.25 C(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  No

**SECTION 5 - Description of Proposed Work (check all applicable):**

- New Construction  Addition  Other (specify) \_\_\_\_\_  
 Existing Building  Accessory Building  Demolition  
 Alteration(s)  Repair(s)

Proposed Use: \_\_\_\_\_

Remarks: \_\_\_\_\_

**SECTION 6 - Building Detail:**

Fire Suppression Installed    Stories:    Width:    Length:    Height:    Area:    Volume:    No. of Dwelling Units:  
 Fire Suppression Proposed    \_\_\_\_\_

Building Description: \_\_\_\_\_  
Existing Use Group:    Proposed Use Group:    Existing Hazard Index:    Proposed Hazard Index:    Construction Type:

**SECTION 7 - Estimated Construction Costs:**

Building:    Electrical:    Plumbing:    Mechanical:    Fire Protect:    Total Cost:  
\_\_\_\_\_

Permit Fee: \_\_\_\_\_  
For Official Use Only:

**SECTION 8 - Owner Authorization. To Be Completed When Owners Agent or Contractor Applies For Building Permit:**

I, \_\_\_\_\_, as Owner of the above subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 9 - 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 belief.  
Signed under the pains and penalties of perjury.

Signature of Owner/Agent: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 10 - Approval Status: ( For Official Use Only. )**

Application Date: \_\_\_\_\_    Status Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_

- Approved     Denied  
 Pending     Abandoned  
 In Part     Voided

Remarks: \_\_\_\_\_

Print Inspector Name: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

THIS FORM MUST BE COMPLETED TO OBTAIN A PERMIT FOR THE DEMOLITION, RENOVATION, REHABILITATION OR OTHER ALTERATION OF ANY BUILDING OR STRUCTURE.

If the Applicant is responsible to remove/dispose of the debris the disposal site must be identified before the permit is approved. The hauler/contractor must sign the form and identify the disposal site and the applicant must file the completed form with the permit authority. If the disposal site is changed, the permit authority must be notified. The authority may require proof of lawful disposal by submission of a disposal receipt or certification by the disposal site operator. *It is a crime to dispose or contract for disposal of solid waste in an unapproved site. The maximum penalty for illegal disposal is \$25,000. Per violation and two (2) years in a house of correction.*

Demo/Building Permit No. \_\_\_\_\_ Date: \_\_\_\_\_

Work Site Address: \_\_\_\_\_ Applicant Name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Estimated Amount of Debris (Cubic Yards or Tons):

a. Disposed: \_\_\_\_\_ b. Recycled: \_\_\_\_\_

Hauler/Contractor Responsible to Removal of Debris: Name and Address  
(If responsible party is a waste hauler, obtain from the hauler the DPU Certification number)

\_\_\_\_\_ Certificate No.: \_\_\_\_\_

Disposal and/or Recycling Location(s): Name, Address, Telephone Number, and Operator Signature  
(NOTE: If more than one facility is used, please fill out information on additional facilities on back of this form)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

I certify under the pains of perjury that the information above is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Contractor/Hauler)