



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

FOR MUNICIPALITY USE

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section for Official use Only

Building Permit Number: _____ Date issued: _____

Signature _____
Building Commissioner/Inspector of Building Date

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____		1.2 Assessors Map & Parcel Number Map Number _____ Parcel Number _____			
1.3 Zoning Information: Zoning District _____ Proposed Use _____		1.4 Property Dimensions Lot Area (sf) _____ Frontage (ft) _____			
1.6 Building Setbacks (ft)					
Front Yard		Side Yards		Rear yard	
Required	Provided	Required	Provided	Required	Provided
1.7 Water Supply (M.G.L. c. 40, §54 Public ☐ Private ☐		1.5 Flood Zone Information: Zone: _____ Outside Flood Zone ☐		1.8 Sewage Disposal System: Municipal ☐ On site disposal system ☐	

SECTION 2 – PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:	
Name (Print) _____	Address for Service _____
Signature _____	Telephone _____
2.2 Authorized Agent:	
Name (Print) _____	Address for Service _____
Signature _____	Telephone _____

SECTION 3 – CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:	Not Applicable ☐
Licensed Construction Supervisor _____	License Number _____
Address _____	Expiration Date _____
Signature _____ Telephone _____	
3.2 Registered Home Improvement Contractor:	Not Applicable ☐
Company Name _____	Registration Number _____
Address _____	Expiration Date _____
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 ☐ No ☐

SECTION 5 – DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____		

Brief Description of Proposed Work:

SECTION 6 – ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier	
1. Building		(b) Estimated Total Cost of Construction	
2. Electrical		Building Permit Fee (a) x (b)	
3. Plumbing			
4. Mechanical (HVAC)			
5. Fire Protection		Check Number	
Total = (1 + 2 + 3 + 4 + 5)			

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.

Signature of Owner _____

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 belief.

Signed under the pains and penalties of perjury.

Print Name _____

Signature of Owner / Agent _____

Date _____