

The Commonwealth of Massachusetts

Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR, 8th Edition Building Permit Application To Construct, Repair, Renovate or Demolish a *One or Two Family Dwelling*



499 Plymouth Street Halifax, MA 02338

This Section For Official Use Only										
Building Permit Number:					Date Applied:					
Approved Denied Signature:Building Commissioner/ Inspector of Buildings Date										
					•		gs Date			
SECTION 1: SITE INFORMATION										
1.1 Property Address:					1.2 Assessors Map & Parcel Numbers					
1.1a Is this an accepted street? yes no					- Map Number Parcel Number					
1.3 Zoning Information:					1.4 Property Dimensions:					
Zoning District	Propos	sed Use			Lot Area (sq ft) Frontage (ft)					
1.5 Building Setba	cks (ft)									
Front		Sie	de Yards	Yards		Rear Yard				
Required	Pro	ovided	Ree	quired	Prov	Provided		equired	Provided	
50 feet				feet			4	0 feet		
1.6 Water Supply:	(M.G.L c	. 40, § 54)	1.7 Flood Zon		ne Information:		1.8 Se	1.8 Sewage Disposal System:		
Public D Private D	Appro	oved	Zone:	Flood Zo	_ one? Check if	ves	Munici	ipal 🗖 On site di	sposal system	
Public II Private II Approved II Outside Flood Zone? Check if yes II Municipal II On site disposal system II SECTION 2: PROPERTY OWNERSHIP ¹										
2.1 Owner ¹ of Rec	ord:									
Name (Print) Address for Service:										
Signature	Signature Telephone Date									
	SECTI	ON 3: DES	CRIPTIC	N OF I	PROPOSED	WC	ORK ² (check	all that apply))	
		isting Building □ C		wner-C	Decupied □	Repairs(s) □		Alteration(s)	Addition	
Demolition E	Demolition Ac		g. 🗆 🛛 🛛	lumber	nber of Units Oth		Other □ S	pecify:	·	
Brief Description of Proposed Work ² :										
		SECTI	ON 4: ES	TIMAT	FED CONST	RU	CTION CO	STS		
Item	Item Estimated			3)	Official Use Only					
1. Building		(Labor and Materials) \$		/	1. Building Permit Fee: \$ Indicate how fee is determined:					
2. Electrical		\$			□ Standard City/Town Application Fee					
3. Plumbing		\$			Total Project Cost ³ (Item 6) x multiplier x					
					2. Other Fees: \$ List:					
4. Mechanical (HVAC)		\$								
5. Mechanical (Fire Suppression)		\$		Tot	Total All Fees: \$					
6. Total Project Cost:		\$			Check NoCheck Amount:Cash Amount: □ Paid in Full □ Outstanding Balance Due:					

SECTION 5: CONSTRUCTION SERVICES									
5.1 Licensed Construction Supervisor (CSL)									
	License N	Jumber	Expiration Date						
Name of CSL- Holder	List CSL	Type (see below)							
	Type U	Desc Unrestricted (up to 35,000 (cription						
Address	R	Restricted 1&2 Family Dwe							
<u></u>	М	Masonry Only							
Signature	RC WS	Residential Roofing Coveri Residential Window and Si	ng ding						
Telephone	SF	Residential Solid Fuel Burn	ing Appliance Installation						
	D	Residential Demolition							
5.2 Registered Home Improvement Contractor (HIC)									
HIC Company Name or HIC Registrant Name		Registration	Number						
Address		Expiration D	Date						
Signature Telephone									
SECTION 6: WORKERS' COMPENSATION IN	SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE CON	MPLETE	D WHEN							
OWNER'S AGENT OR CONTRACTOR APPLIES FOR	BUILDI	NG PERMIT							
T		as Owner of the subject	t proporty horoby						
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 ¹ OR AUTHORIZED AGENT DECLARATION									
I,	2	as Owner or Authorized As	ent hereby declare that the						
I,, as Owner or 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 Ow (Signed under t		orized Agent d penalties of perjury)	Date						
	TES:	penances of perjury)							
1. An Owner who obtains a building permit to do his/her or		or an owner who hires an u	nregistered contractor (not						
registered in the Home Improvement Contractor (HIC) Program), will <u>not</u> have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.									
2. When substantial work is planned, provide the information									
		rage, finished basement/att							
Gross living area (Sq. Ft.) Habitable room count Number of fireplaces Number of bedrooms									
Number of bathrooms	nber of half/baths	of half/baths							
Type of heating system	nber of decks/ porches	r of decks/ porches							
Type of cooling system	Enc	elosed 0	pen						
3. "Total Project Square Footage" may be substituted for "	Fotal Proje	ect Cost"							
Historic District Commission (if app.) Date	Tax C	Collector	Date						