

**DIRECTIONS:** Complete all required information as it applies to the proposed project. **An incomplete application will not be accepted for review.** If help is needed, office personnel will assist you, however it is your responsibility to accurately complete the permit application.

**I. SITE INFORMATION**

At (location): \_\_\_\_\_ Zoning District: \_\_\_\_\_  
House Number (not lot number) Street

Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Lot Description: Assessors Map Number: \_\_\_\_\_ Assessors Parcel Number: \_\_\_\_\_

Lot Area: \_\_\_\_\_ Street Frontage: \_\_\_\_\_

Water Supply:  Public  Private Sewage Disposal:  On-Site Septic System  Municipal

Has a Special Permit, Site Plan, Variance, Order of Conditions, and/or lot release been obtained for this project?  Yes  No  Not Applicable. If yes, include recorded decision(s).

**II. DESCRIPTION OF PROPOSED WORK**

New Construction  Existing Building  Repairs(s)  Alteration  Addition

Accessory Building  Demolition  Other (Specify): \_\_\_\_\_

Is this a permit application for a one or two family dwelling?  Yes  No

Brief Description of Proposed Work: \_\_\_\_\_

**III. USE GROUP AND CONSTRUCTION TYPE OTHER THAN ONE AND TWO FAMILY DWELLING**

	USE GROUP					CONSTRUCTION TYPE			
(A) Assembly	<input type="checkbox"/>	<input type="checkbox"/> A-1	<input type="checkbox"/> A-2	<input type="checkbox"/> A-3	<input type="checkbox"/> A-4	<input type="checkbox"/> A-5			
(B) Business	<input type="checkbox"/>						<input type="checkbox"/> 1A	<input type="checkbox"/> 1B	
(E) Educational	<input type="checkbox"/>								
(F) Factory	<input type="checkbox"/>	<input type="checkbox"/> F-1	<input type="checkbox"/> F-2				<input type="checkbox"/> 2A	<input type="checkbox"/> 2B <input type="checkbox"/> 2C	
(G) High Hazard	<input type="checkbox"/>								
(I) Institutional	<input type="checkbox"/>	<input type="checkbox"/> I-1	<input type="checkbox"/> I-2	<input type="checkbox"/> I-3			<input type="checkbox"/> 3A	<input type="checkbox"/> 3B	
(M) Mercantile	<input type="checkbox"/>								
(R) Residential	<input type="checkbox"/>	<input type="checkbox"/> R-1	<input type="checkbox"/> R-2	<input type="checkbox"/> R-3	<input type="checkbox"/> R-4		<input type="checkbox"/> 4		
(S) Storage	<input type="checkbox"/>	<input type="checkbox"/> S-1	<input type="checkbox"/> S-2						
(U) Utility	<input type="checkbox"/>						<input type="checkbox"/> 5A	<input type="checkbox"/> 5B	
(M) Mixed Use	<input type="checkbox"/>	Specify: _____							
(S) Special Use	<input type="checkbox"/>	Specify: _____							

**IV. COMPLETE THIS SECTION IF APPLYING FOR ONE OR TWO FAMILY BUILDING PERMIT**

FLOOR AREA (Exterior Dimensions in square feet)

Basement (unfinished) _____	First Floor _____	Number of Existing _____
Basement (finished) _____	Second Floor _____	Bedrooms: Proposed _____
Garage (attached) _____	Third Floor _____	Number of Existing _____
Garage (detached) _____	Porch/Deck _____	Bathrooms: Proposed _____
Addition _____	Renovation _____	

**V. COMPLETE THIS SECTION IF EXISTING BUILDING, OTHER THAN ONE OR TWO FAMILY, IS UNDERGOING RENOVATIONS ADDITIONS AND/OR CHANGE OF USE**

Existing Use Group: \_\_\_\_\_ Proposed Use Group: \_\_\_\_\_  
 Existing Hazard Index 780CMR, 3-4: \_\_\_\_\_ Proposed Hazard Index: \_\_\_\_\_  
 Most Recent Assessed Dollar Value of Structure (excluding land): \$ \_\_\_\_\_

**VI. BUILDING HEIGHT AND AREA OTHER THAN ONE OR TWO FAMILY**

BUILDING AREA	EXISTING (if applicable)	PROPOSED
Number of Floors, including basement		
Basement Floor Area (sf)		
1 <sup>st</sup> Floor Area (sf)		
2 <sup>nd</sup> Floor Area (sf)		
3 <sup>rd</sup> Floor Area (sf)		
4 <sup>th</sup> Floor Area (sf)		
Total Area		
Total Height		

Control Construction Required:  Yes  No If yes, include notifications and testing schedules.  
 Independent Structural Peer Review Required:  Yes  No If yes, include with application.

**VII. CONSTRUCTION SERVICES AND OWNER IDENTIFICATION**

Property Owner: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
Street Town/City State Zip

Lessee/Tenant: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 (if applicable) Address \_\_\_\_\_  
Street Town/City State Zip

Registered Architect: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 (if applicable) Address \_\_\_\_\_  
Street Town/City State Zip

Registered Engineer: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 (if applicable) Address \_\_\_\_\_  
Street Town/City State Zip

Contractor: Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Address \_\_\_\_\_  
Street Town/City State Zip

Construction Supervisor License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  Not Applicable  
 Home Improvement Registration No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  Not Applicable

**VIII. ESTIMATED CONSTRUCTION COSTS**

MATERIAL & LABOR COSTS		OFFICIAL USE ONLY
Building	\$ _____	Estimated Construction Cost
Electrical	\$ _____ (requires separate permit)	Building \$ _____
Plumbing/Gas	\$ _____ (requires separate permit)	Total Sq. Ft. _____
Mechanical: (Includes all HVAC & Fire Suppression)	\$ _____	Permit Fee \$ _____
TOTAL PROJECT COSTS	\$ _____	Permit No. _____
		Check No. _____

