

## **One and Two Family Dwelling Building Permit Application**

This application is for the construction, repair, renovation or demolition of a **One or Two Family Dwelling** or its related accessory buildings **ONLY!**

All other types of buildings must use the **“Other Than”** One or Two Family Dwellings application.

The application presented here is for your convenience.

The actual application is a three-part legal size form.

When submitting this form you must:

Submit three completed copies on legal size paper (8 ½” x 14”).

**No other format will be accepted.**

Original forms may be obtained by visiting the Building Department Office

Monday – Thursday 9:00am – 4:00pm or by requesting a copy by mail.

To receive copies by mail call 413-245-7108 ext. 113

Leave your name and mailing address.



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

**DO NOT WRITE IN SHADED AREA - This Section For Official Use Only**

Approved \_\_\_\_\_ Date \_\_\_\_\_

Rejected \_\_\_\_\_ Date \_\_\_\_\_ Reason: \_\_\_\_\_

Signature/Building Commissioner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 1 - SITE INFORMATION**

**1.1 Property Address:** \_\_\_\_\_ House Number \_\_\_\_\_

**1.2 Assessors Map, Block & Parcel Number:**

Man Number \_\_\_\_\_ Block \_\_\_\_\_ Parcel Number \_\_\_\_\_

**1.3 Zoning Information:** \_\_\_\_\_

**1.4 Property Dimensions:**

Lot Area \_\_\_\_\_ Frontage (feet) \_\_\_\_\_

**1.5 Building Setbacks**

Front Yard

Required \_\_\_\_\_

Provided \_\_\_\_\_

Side Yards

Required \_\_\_\_\_

Provided \_\_\_\_\_

Rear Yard

Required \_\_\_\_\_

Provided \_\_\_\_\_

**1.6 Water Supply**

(M.G.L. c.40 § 54)

Public

**1.7 Flood Zone Information:**

Zone: \_\_\_\_\_

Outside Flood Zone

**1.8 Sewage Disposal System:**

Municipal

On-site disposal

**SECTION 2 - PROPERTY**

**Property Owner:**

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

Mailing Address: \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

License Holders Name (See Notes below) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

CSL Type \_\_\_\_\_  
(See Notes Below)

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone \_\_\_\_\_

**3.2 Registered Home Improvement Contractor**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone \_\_\_\_\_

**NOTES:**

**Home Owner Contractor** – Enter "OWNER" in Section 3.1 and ATTACH 'Home Owner Exemption Agreement Form'.

**CSL License Types:** **U** – Unrestricted (up to 35,000 Cu.Ft.). **R** – Restricted 1 & 2 Family Dwellings. **1A** – Masonry Only. **RF** – Roof Covering. **WS** – Windows & Siding. **SF** – Solid Fuel Burning Appliance Installation. **DM** – Demolition. **IC** – Insulation Installation.

**SECTION 4 - WORKERS' COMPENSATION INSURANCE**

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. NO EXCEPTIONS.

Signed Affidavit attached  Yes  NO ==> PERMIT DENIED

**SECTION 5 - DESCRIPTION OF PROPOSED WORK**

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

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

**SECTION 6a - OWNER AUTHORIZATION - TO BE COMPLETED BY OWNER WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR 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 6b - OWNER/AUTHORIZED AGENT**

I, \_\_\_\_\_, as Owner/Authorized Agent/Contractor 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/Contractor \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE IN SHADED AREA - Official Use Only**

Cost Estimate:	Gross Area	* Cost Factor	= Const. Cost
Residential:	_____	* _____	= _____
Basement (insul.)	_____	* _____	= _____
Garage	_____	* _____	= _____
Porch	_____	* _____	= _____
Deck	_____	* _____	= _____
Accessory/Etc:	_____	* _____	= _____
Other	_____	* _____	= _____

\_\_\_\_\_ \* \_\_\_\_\_ = \$ \_\_\_\_\_  
Construction Cost Fee Multiplier Permit Fee

**Amount Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_