



APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR OCCUPANCY OF, OR DEMOLISH ANY COMMERCIAL PROPERTY

This Section for Official Use Only

Building Permit Number: _____ Date Issued: _____
 Signature: _____
 Building Commissioner/Inspector of Buildings Date

SECTION 1 – SITE INFORMATION

1.1 Property Address _____ 1.2 Assessors Map & Parcel Number _____
 _____ Map Number _____ Parcel Number _____

1.3 Zoning Information _____ 1.4 Property Dimensions _____
 Zoning District _____ Proposed Use _____ Lot Area (square feet) _____ Frontage (feet) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
_____	_____	_____/_____/_____	_____/_____/_____	_____	_____

1.6 Water Supply (M.G.L. c.40. § 54) _____ 1.7 Flood Zone Information _____ 1.8 Sewage Disposal System _____
 Public Private Zone _____ Outside Flood Zone Municipal On Site Disposal System

SECTION 2 – PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record
 Name (print) _____ Address _____
 Signature _____ Telephone _____

2.2 Authorized Agent
 Name (print) _____ Address _____
 Signature _____ Telephone _____

SECTION 3 – CONSTRUCTION SERVICES FOR PROJECTS LESS THAN 35,000 CFT OF ENCLOSED SPACE

3.1 Licensed Construction Supervisor
 Name (print) _____ License 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 – PROFESSIONAL DESIGN & CONSTRUCTION SERVICES FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 CFT OF ENCLOSED SPACE)

5.1 Registered Architect
 Name (print) _____ Registration Number _____
 Address _____ Expiration Date _____
 Signature _____ Telephone _____