
 <p>The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR</p>	 <p>Town of Northbridge Building Department</p>																		
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: _____ Date _____ Building Commissioner/Inspector of Buildings																			
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) _____																		
1.5 Building Setbacks (ft)																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Front Yard</th> <th colspan="2" style="text-align: center;">Side Yards</th> <th colspan="2" style="text-align: center;">Rear Yard</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Required</td> <td style="text-align: center;">Provided</td> <td style="text-align: center;">Required</td> <td style="text-align: center;">Provided</td> <td style="text-align: center;">Required</td> <td style="text-align: center;">Provided</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td></td> <td></td> </tr> </tbody> </table>		Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided			/	/		
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
		/	/																
1.6 Water Supply (M.G.L. c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>																		
1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>																			
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: Licensed Construction Supervisor: _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> License Number _____ Expiration Date _____																		
3.2 Registered Home Improvement Contractor: Company Name _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> Registration Number _____ Expiration Date _____																		

DATE:

DEAR DEPT. HEAD:

IF YOU HAVE ANY CONCERNS REGARDING THIS BUILDING PERMIT APPLICATION PLEASE NOTE THOSE CONCERNS OR OBJECTIONS BELOW. IF THERE ARE NO CONCERNS, PLEASE SIGN AND DATE THE APPLICATION BELOW WHERE INDICATED. THANK YOU.

PROPOSED PROJECT:

PROJECT LOCATION:

OWNER OF PROPERTY:

HAVING REVIEWED THIS APPLICATION FOR A BUILDING PERMIT I HAVE NOTED THE FOLLOWING ISSUES OR CONCERNS: (PLEASE SITE GENERAL LAWS OR RULES AND REGULATIONS WHEREVER APPLICABLE)

APPLICANT MUST DO THE FOLLOWING:

SIGNATURE OF DEPT. HEAD, BOARD/COMMISSION

APPROVED

TOWN PLANNER: _____ DATE: _____

BOARD OF HEALTH: _____ DATE: _____

CONSERVATION COMM: _____ DATE: _____

FIRE DEPT: _____ DATE: _____

WHITINSVILLE WATER CO: _____ DATE: _____

DPW SEWER: _____ DATE: _____

DPW HIGHWAY: _____ DATE: _____

TREASURER/COLLECTOR: _____ DATE: _____

**780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
THE MASSACHUSETTS STATE BUILDING CODE**

SECTION 4 - WORKER'S 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	
1. Building		(a) Building Permit Fee Multiplier	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1 + 2 + 3 + 4 + 5)		Check Number	

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 _____