



Application for a Building Permit Other Than a One or Two Family

Building Commissioner
127 Hartwell Street
West Boylston, Massachusetts 01583
508.835.6091

_____ Date: _____
Approved by: **Mark E. Brodeur, Inspector of Buildings**

1. Owner, Applicant Information

Property Address: _____ Assessors; Map _____, Block _____, Lot _____
Owner of Record Name: _____ Address: _____
Phone Number: _____ City: _____ State: _____ Zip code: _____
Authorized Agent Name: _____ Address: _____
Phone Number: _____ City: _____ State: _____ Zip code: _____

2. Proposed Project

Estimated Costs

New Construction: _____ Size: _____ x _____ x _____ Number of Stories: _____
Addition/ Remodeling: _____ Size: _____ x _____ x _____ Number of Stories: _____
Alterations: _____ Size: _____ x _____ x _____ Number of Stories: _____
Repairs: _____ Size: _____ x _____ x _____ Number of Stories: _____
Demolition: _____ Size: _____ x _____ x _____ Number of Stories: _____

Building: _____
Electrical: _____
Plumbing: _____
Mechanical (HVAC): _____
Fire Protection: _____
Total estimated cost _____
Fee multiplier-\$10.00 _____
Permit Fee: _____
Minimum Fee \$50.00

Project Description _____

For any structure, attach a drawing(s) dimensioned and labeled to scale; showing the size, type and location of all foundations and supports, beams, girders, braces, floor, wall and roof framing and coverings. If addition show before and after plans.

Zoning District	Lot Area	Road Frontage	Flood Zone; Yes or No	Are there wetlands within 100 feet; Yes or No	
	Front Yard Setback			Side Yards Setback	
				Rear Yard Setback	
	Required Provided	Required Provided		Required	Provided

Attach a site plan, showing the property dimensions, the location all existing structures, sewage disposal systems, water supplies, wetlands and the proposed structure. Include dimensions between these items and to the property lines.

3. Use Group and Construction Type

Existing Construction Type _____ Propose Construction type _____ Number of floors _____
Existing Use Group _____ Proposed Use Group _____ Total floor area _____
Existing Hazard Class _____ Proposed Hazard Class _____ Floor area per floor _____
Existing Building Height _____ Proposed Building Height _____

From 780 CMR, Table 503 Height and Area Limitations of Buildings

Maximum Floor area _____ Maximum Height _____ Maximum Stories _____

If the proposed project exceeds any of the allowed tabular height or area limitations, provide an explanation on the code summary page of your drawings.

4. Contractor Information for buildings less than 35,000 cubic feet

Construction Supervisor: _____ License Number: _____ Expiration _____
City: _____ State: _____ Zip: _____ Phone: _____
Signature: _____ Date: _____

Attach readable copies with picture, of current Construction Supervisor License.

As part of this submittal, include all applicable documentation listed on the check list attached.
Please complete reverse side.

This application must be printed or typed, blue or black ink only.

October 2007
Commercial

Paid Amount: _____

Date: _____

Check Number: _____

Initials _____

5. Workers Compensation Insurance (MGL 152 section 25c)

Owner Name: _____ Address: _____
 City: _____, State: _____, Zip: _____ Phone: _____

I am an employer providing workers' compensation for my employees working in this job.
 Company name: _____ Address: _____
 City: _____, State: _____, Zip: _____ Phone: _____
 Insurance company: _____ Policy Number: _____

I am a sole proprietor general contractor (check one) and have hired the contractors listed below who have the following workers' compensation policies: (attach addition sheets if necessary)
 Company name: _____ Address: _____
 City: _____, State: _____, Zip: _____ Phone: _____
 Insurance company: _____ Policy Number: _____

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$ 1500.00 and /or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and the fine of \$ 100.00 a day against me. **Attach current copies of certificates of insurance endorsed to the Building Inspector, Town of West Boylston**

6. Debris Disposal

In accordance with MGL Chapter 40, Section 54, the Owner/Authorized Agent for this project stipulates that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A.

Name of Waste Facility: _____ Address: _____ City: _____

7. Other Signatures Needed

Tax Collector: _____	For All Projects (MGL c 40 § 57)
Board of Health: _____	For projects that might affect your sewage disposal system.
Water District _____	If the property is connected to Municipal Water
DPW / Streets _____	Curb cut, street opening, driveway
Sewer Division _____	Connection to Sewer System
Fire Department _____	Fire Alarm, Sprinkler

I, _____, as the Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application. _____ Date: _____

Signature of owner

I, _____, as Owner, / Authorized Agent hereby declare that all statements and information on and attached to this application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name _____,

Sign Name _____ Date: _____

As part of this submittal, include all applicable documentation listed on the check list attached.
 Please complete reverse side.

This application must be printed or typed, blue or black ink only.