



# Application for Residential Building Permit

[www.westboylston-ma.gov](http://www.westboylston-ma.gov)

building@westboylston-ma.gov

140 Worcester Street

West Boylston, MA 01583

774-261-4030

Is this land under a Conservation Restriction? Yes ☐

No ☐

Is this land under an APR? Yes ☐

No ☐

Paid Amount: \_\_\_\_\_

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Initials \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ 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

New Home: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Addition/ Remodeling: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Attached Garage: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Detached Garage: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Deck or Porch: \_\_\_\_\_ Size: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Number of Stories: \_\_\_\_\_

### 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.

Cost Divide by 1,000 = \_\_\_\_\_

Multiply by \$10.00 = \_\_\_\_\_

Other Fee(s): \_\_\_\_\_

Total Fee: \_\_\_\_\_

Round to Whole Dollar: \_\_\_\_\_

Minimum Fee: \$100.00

Total estimated project cost \$ \_\_\_\_\_

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 plot 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. Homeowner License Exemption

The applicant for this project is the "Homeowner" as defined in 780 CMR, Section 110.R5.1.2, and understands that he/she will be responsible for completion of the project in accordance with the Town of West Boylston inspection schedule and the Massachusetts State Building Code.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## 4. Contractor Information

Construction Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Registered Home Improvement contractor:

Company Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Expiration \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach readable copies with picture, of current Construction Supervisor License and Home Improvement Registration if applicable.

Please complete reverse side.

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

July 2021

Long Form

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

Owner Name: _____ Address: _____	
City: _____, State: _____, Zip: _____ Phone: _____	
<input type="checkbox"/> I am a homeowner performing all the work myself. <input type="checkbox"/> I am a sole proprietor and have no one working in any capacity.	
<input type="checkbox"/> 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: _____	
(check one)	
<input type="checkbox"/> I am a sole proprietor <input type="checkbox"/> general contractor <input type="checkbox"/> homeowner 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: _____	
<b>Attach current copies of certificates of insurance endorsed to the Building Inspector. Town of W. Bovlston</b>	

## 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 project that might affect your sewage disposal system.
Water: _____	If property is connected to Municipal Water or Sewage
DPW / Street _____	Curb Cut / Street Opening / Driveway
Fire Dept. _____	Fire Alarm / Sprinkler System
Police Dept. _____	Detail Work
Sewer Div. _____	Connection to Sewer

## 8. Owner/ Agent Authorization

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: _____	