



Application for Residential Building Permit

127 Hartwell Street
 West Boylston, MA 01583
 508-835-6091

_____ Date: _____

Approved by: Mark 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

New Home: _____	Size: _____ x _____	Number of Stories: _____	
Addition/ Remodeling: _____	Size: _____ x _____	Number of Stories: _____	Cost Divide by 1000 = _____
Attached Garage: _____	Size: _____ x _____	Number of Stories: _____	Multiply by \$10.00 = _____
Detached Garage: _____	Size: _____ x _____	Number of Stories: _____	Other Fee(s): _____
Deck or Porch: _____	Size: _____ x _____	Number of Stories: _____	Total Fee: _____
Project Description _____			Round to Whole Dollar: _____
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.			Minimum Fee: \$50.00
			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 108.3.5, 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: _____

Signature: _____ Date: _____

Registered Home Improvement contractor:

Company Name: _____ License Number: _____ Expiration _____

City: _____ State: _____ Zip: _____ Phone: _____

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.

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Long Form

Paid Amount: _____ Date: _____ Check Number: _____ Initials _____

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

Owner Name: _____ Address: _____
 City: _____, State: _____, Zip: _____ Phone: _____
 I am a homeowner performing all the work myself. I am a sole proprietor and have no one working in any capacity.

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 or homeowner (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: _____

Attach current copies of certificates of insurance endorsed to the Building Inspector, Town of W. 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

Town Collector: _____	For All Projects (MGL c 40 § 57)
Board of Health: _____	For project that might affect your sewage disposal system.
Water: _____	If the property is connect 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: _____

Please complete reverse side.

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

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Long Form