The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 9th Edition  
Building Permit Application To Construct, Repair, Renovate a  
One- or Two-Family Dwelling  

This Section For Official Use Only

Building Permit Number: __________________________ Date Applied: __________________________

Building Official (Print Name) __________________________ Signature __________________________ Date __________

SECTION 1: SITE INFORMATION

1.1 Property Address: __________________________

1.1a Is this an accepted street? yes __________ no __________

1.2 Assessors Map & Parcel Numbers

Map Number __________________________ Parcel Number __________________________

1.3 Zoning Information:

Zoning District __________________________ Proposed Use __________________________

1.4 Property Dimensions:

Lot Area (sq ft) __________________________ Frontage (ft) __________________________

1.5 Building Setbacks (ft):

<table>
<thead>
<tr>
<th>Front Yard</th>
<th>Side Yards</th>
<th>Rear Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Provided</td>
<td>Required</td>
</tr>
<tr>
<td></td>
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<td>Provided</td>
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<tr>
<td>Required</td>
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<td>Required</td>
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<tr>
<td></td>
<td></td>
<td>Provided</td>
</tr>
</tbody>
</table>

1.6 Water Supply: (M.G.L. c. 40, §54)

Public ☐ Private ☐

1.7 Flood Zone Information:

Zone: __________ Outside Flood Zone? __________ Check if yes __________

1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

SECTION 2: PROPERTY OWNERSHIP

2.1 Owner1 of Record:

Name (Print) __________________________ Wellfleet Job Address __________________________

Owner Signature __________________________ Homeowner’s phone number __________________________

SECTION 3: DESCRIPTION OF PROPOSED WORK (check all that apply)

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐

Demolition ☐ Accessory Bldg. ☐ Number of Units __________ Other ☐ Specify: __________________________

Brief Description of Proposed Work: __________________________

SECTION 4: ESTIMATED CONSTRUCTION COSTS

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Costs: (Labor and Materials)</th>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Building</td>
<td>$</td>
<td>1. Building Permit Fee: $ __________ Indicate how fee is determined:</td>
</tr>
<tr>
<td>2. Electrical</td>
<td>$</td>
<td>□ Standard City/Town Application Fee</td>
</tr>
<tr>
<td>3. Plumbing</td>
<td>$</td>
<td>□ Total Project Cost1 (Item 6) x multiplier __________ x __________</td>
</tr>
<tr>
<td>4. Mechanical (HVAC)</td>
<td>$</td>
<td>2. Other Fees: $ __________</td>
</tr>
<tr>
<td>5. Mechanical (Fire Suppression)</td>
<td>$</td>
<td>List: __________________________</td>
</tr>
<tr>
<td>6. Total Project Cost:</td>
<td>$</td>
<td>Total All Fees: $ __________</td>
</tr>
</tbody>
</table>

Check No. __________ Check Amount: __________ Cash Amount: __________ |

□ Paid in Full  □ Outstanding Balance Due: __________________________
SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder

No. and Street

City/Town, State, ZIP

Signature

License Number

Expiration Date

List CSL Type (see below)

Type | Description
---|---
U | Unrestricted (Building up to 35,000 cu. ft.)
R | Restricted 1 & 2 Family Dwelling
M | Masonry
RC | Roofing
WS | Window and Siding
SF | Solid Fuel Burning Appliances
I | Insulation
D | Demolition

Telephone

Email address

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

No. and Street

City/Town, State, ZIP

Telephone

HIC Registration Number

Expiration Date

Email address

SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER’S 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 OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Signature of Owner or Authorized Agent

Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) Habitable room count

Number of fireplaces

Number of bathrooms

Type of heating system

Type of cooling system

Enclosed Open

3. “Total Project Square Footage” may be substituted for “Total Project Cost”