

TOWN OF SOUTHBOROUGH

APPLICATION FOR A PERMIT TO CONSTRUCT, REPAIR OR RENOVATE
A BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING.

**APPLICANT TO SUBMIT THE INFORMATION REQUIRED IN
SECTIONS 1 THROUGH 13 AND OBTAIN SECTION 14 APPROVALS**

Section 1 - Site

Property Address: _____ Zoning District: _____
Assessors' Map and Parcel Number: _____ - _____ Lot Size: _____ Frontage: _____
Are there wetlands within 100 feet of the construction area? Yes: No:
Are there any rivers or streams within 200 feet of the construction area? Yes: No:
If the answer to either of the above 2 questions is yes then provide the DEP number assigned to the project: _____

Section 2 - Property Ownership

Owner of Record: _____ Phone: (_____) _____ - _____
Address: _____

Section 3 - Construction Services For Projects Of Less Than 35,000 Cubic Feet Of Enclosed Space

Licensed Construction Supervisor: _____
Company Name (as it appears on insurance certificate) _____
Address: _____
Construction Supervisor's License Number: _____ Expiration Date: _____
Signature: _____ Phone: (_____) _____ - _____

Section 4 - Professional Design And Construction Services For Buildings And Structures Subject To Construction Control - (Containing More Than 35,00 C.F. Of Enclosed Space)

Principal design professional responsible for the project:
Name: _____ Address: _____
Signature: _____ Date: _____ Telephone: _____
CONSTRUCTION CONTROL AFFIDAVITS ARE REQUIRED TO BE SUBMITTED ALONG WITH THE BUILDING PERMIT APPLICATION.

Section 5 - Workers' Compensation Insurance

Copy of Workers' Compensation Insurance certificate must be submitted or on file with building department. If applicant does not carry Workers' Compensation Insurance a Workers' Compensation Insurance Affidavit must be completed which will be forwarded to the Department of Industrial Accidents.

Section 6 - Description Of Proposed Work

New construction: Addition: Alteration:

Number of stories above grade: _____ Height in feet: _____

Complete description of work: _____

Section 7 - Area Of Work

Square footage of new construction: _____

Square footage of renovation: _____

Section 8 - Construction Type – Check Type Of The Structure and Indicate Whether Sprinklered

1A__ 1B__ 2A__ 2B__ 2C__ 3A__ 3B__ 4__ 5A__ 5B__

Is building sprinklered? Yes ___ No ___

Section 9 - Use Group – Check Use That Applies

A Assembly	__	A-1__	A-2__	A-3__	A-4__	A-5__
B Business	__					
E Educational	__					
F Factory	__	F-1__	F-2__			
H High Hazard	__					
I Institutional	__	I-1__	I-2__	I-3__		
M Mercantile	__					
R Residential	__	R-1__	R-2__	R-3__		
S Storage	__	S-1__	S-2__			
U Utility	__	Specify: _____				
M Mixed Use	__	Specify: _____				
S Special Use	__	Specify: _____				

Section 10 - Change Of Use

Existing Use Group: _____ Proposed Use Group: _____ No Change of Use: _____

Section 11 – Estimated Construction Cost

Estimated total cost of construction: \$ _____

Section 12 - Owner’s Authorization

I, _____, as Owner of the aforementioned property hereby authorize
 (Print name of Owner)
 _____ to act on my behalf during the work authorized pursuant to this application.
 (Print Name of Agent)
 Signature: _____ Date: _____

Section 13 - Owner/Authorized Agent Declaration

I, _____, as Owner/Authorized Agent hereby declare that the information contained in this application is a true and accurate description of the proposed work and costs associated therewith. I agree that the proposed work shall be completed subject to the provisions of the Massachusetts State Building Code and other applicable laws and ordinances. Signed under pains and penalties of perjury.
 Signature: _____ Date: _____

Section 14 - Department Approval

Department	Approved	Date	Denied	Department:	Approved	Date	Denied
Assessor:				Public Works:			
Treasurer:				Fire Department:			
Planning:				Conservation:			
Board of Health:				Zoning:			

Section 15 - Building Permit Approval

BUILDING PERMIT NUMBER _____ - _____ ISSUED ON: _____
 SIGNED: _____
 Inspector of Buildings