

**Building Permit Application to Construct, Repair, Renovate or Demolish
A
One- or Two-Family Dwelling**

Massachusetts State Building Code (780 CMR) Seventh Edition

This Section for Official Use Only

Signature: _____
Building Commissioner/Inspector of Buildings

Date Approved _____

Permit Fee _____
Check# _____ Cash _____

SECTION 1: SITE INFORMATION

1.1 Property Address

1.1a Is this an accepted street? Yes ___ No ___

1.2 Assessors Map & Parcel Numbers and Zoning District

Map Number _____ Parcel Number _____ Zoning District _____

1.5 Building Setbacks (ft)

Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
_____	_____	_____	_____	_____	_____

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 Owner of Record:

Name _____ Address _____
Telephone _____

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

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____	Other <input type="checkbox"/>	Specify: _____	

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED COST of CONSTRUCTION

Item:	Estimate Costs: (Labor and Materials)	Official Use Only: DEPARTMENT APPROVAL	
1. Building	\$ _____	Assessor	Approved _____ Date _____
2. Electrical	\$ _____	Board of Health	Approved _____ Date _____
3. Plumbing	\$ _____	Conservation	Approved _____ Date _____
4. Total Project Cost:	\$ _____	DPW	Approved _____ Date _____
Note: Permit Fee based on Total Cost x 0.01	Certificate of Occupancy Required Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Department	Approved _____ Date _____
Estimated Cost Affidavit	Solid Waste Disposal Affidavit	Planning	Approved _____ Date _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Treasurer	Approved _____ Date _____

SECTION 8: CONSERVATION COMMISSION CONCERNS

- | | | |
|--|------------|-----------|
| 1. Are there wetlands or flood zones within 100 feet of the construction area? | Yes: _____ | No: _____ |
| 2. Are there any rivers or streams within 100 feet of the construction site? | Yes: _____ | No: _____ |
| 3. Will there be soil disturbance of one acre or more OR more than fifty percent (50%) of the parcel or lot, whichever is less? | Yes: _____ | No: _____ |
| 4. Will there be any activity that will increase the amount of impervious surfaces more than 50% of the area of a parcel or lot? | Yes: _____ | No: _____ |
| 5. Will there be any activity that will disturb land with 15% or greater slope where the land disturbance is greater than or equal to 15,000 square feet within the sloped area? | Yes: _____ | No: _____ |

FOOTNOTES:

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R.6 and 110.R.5, respectively.

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

Total floors area (sq. ft.) _____ <i>(including garage, finished basement/attics, decks or porch)</i>	Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____	Number of bathrooms _____
Number of half baths _____	Number of decks/porches _____	Enclosed _____ Open _____
Type of heating system _____	Type of cooling system _____	

Note: New homes require approvals from all departments. Residential alterations and additions generally only require approvals from the Board of Health and the Fire Department. If **any** box in Section 8 is checked "Yes" then approval from the Conservation Commission is required. **Work started prior to approval may be subjected to triple the original permit fee.** The Building Inspector may require further documents and approvals upon review of the plans submitted. Accessory Apartments require Zoning Board of Appeals approval. **Swimming Pools** require **Board of Health Approval** and compliance with Appendix 120.M of the Massachusetts State Building Code 7th Edition.

Town of Southborough
Building Department
17 Common Street, Southborough, Ma. 01772

Phone: 508-485-0717 ext 1
Fax: 508-480-0161

8:00 AM – 5:00 PM Mon, Wed. & Thurs.
8:00 AM – 7:00 PM Tuesday
8:00 AM – 12:00 PM Friday