

The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR



Town of W A R R E N
Permit #_____

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING & ACCESSORY BUILDINGS

DO NOT WRITE IN GRAY AREA - This Section For Official Use Only					
Approved Date	R	ejected Dat	e Re	ason:	
Signature/Inspector of Buildings _		Date			
SECTION 1 - SITE INFORMAT	ΓΙΟΝ		SECTION 4 - WORKERS' COMPENSATION INSURANCE		
1.1 Property Address: House Number			AFFIDAVIT (M.G.L. c. 152, § 25C(6)) Workers Compensation Insurance affidavit must be completed and submitted with		
Street Name			this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.		
1.2 Assessors Map, Block & Parcel Number:			Signed Affidavit attached Yes		
Map Number Lot Number			SECTION 5 - DESCRIPTION OF PROPOSED WORK		
1.3 Zoning Information:				ck all applicable)	In
Zoning District Proposed Use			New Construction Alteration	☐ Existing Building ☐ Addition	Repair(s) Accessory Bldg.
1.4 Property Dimensions:		Demolition	Other (specify)		
Lot Area Frontage		(feet)	Brief Description of Proposed Work:		
1.5 Building Setbacks (ft) 1.6 Water (M.G.L. c.40			Bilet Bescription of Froj	Josef Work.	
Front Yard		blic Private			
Required Provided		ш			
Side Yards 1.7 Flood Zone Information:					
Required Provided				JER AUTHORIZATION - HEN OWNERS AGENT O	
/ /		side Flood Zone		PPLIES FOR BUILDING P	
Rear Yard		ge Disposal System:			
Required Provided	☐ Municipal		I,		, as Owner of the
On-site disposal				by authorize a all matters relative to work	authorized by this
SECTION 2 - PROPERTY OWNERSHIP/AGENT Property Owner: to act on my ochan, in an inactes relative to work audionized by this building permit application.					
Name (Print)			Signature of Owner		 Date
Mailing Address:				NED A L'ENIODIZED A CE	
Mailing Address: SECTION 6b - OWNER/AUTHORIZED AGENT DECLARATION					
Signature	ne	I,, as Owner/Authorized			
SECTION 3 - CONSTRUCTION	CES	Agent/Contractor hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my			
3.1 Licensed Construction Supervisor:		CSL Type (See Notes Below)	knowledge and belief. Signed under the pains and penalties of perjury.		
License Holders Name (See Notes below)		License Number		1 1 3 7	
Address		Expiration Date	Print Name		
City/State/Zip			Signature of Owner/A	gent/Contractor	Date
Digitatore		Telephone	DO NOT WRI	TE IN GRAY AREA - O	Official Use Only
3.2 Registered Home Improvement Contractor			Cost Estimate: Gro	oss Area * Cost Factor	= Const. Cost
Company Name		Registration Number	Residential:	*	=
Address			Basement (insul.)	*	=
City/State/Zip		Expiration Date	Garage	*	=
Signature		Telephone	Porch	*	=
				*	=
Home Owner Contractor – Enter "OWNER" in Section 3.1 and attach 'Home Owner Exemption Agreement Form'.					
<u>CSL License Types</u> : <u>U</u> − Unrestricted (up to 35,000 Cu.Ft.). <u>R</u> − Restricted 1 & 2 Family Dwelling. <u>M</u> − Masonry Only. <u>RC</u> − Residential Roofing. <u>WS</u> − Residential Window & Siding. <u>SF</u> − Residential Solid Fuel Burning Appliance Installation. <u>D</u> − Residential Demolition.			Construction Cos	st Fee Multiplier	Permit Fee
			Amount Paid	Check #	