



The Commonwealth of Massachusetts  
 Board of Building Regulations and Standards  
 Massachusetts State Building Code, 780 CMR  
**Town of Stoneham**

FOR  
 MUNICIPALITY  
 USE  
 Revised Mar 2011

Building Permit Application To Construct, Repair, Renovate Or Demolish 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**

<b>1.1 Property Address:</b> _____		<b>1.2 Assessors Map &amp; Parcel Numbers</b> Parcel ID _____	
1.1a Is this an accepted street? yes _____ no _____		<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____	
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____		<b>1.5 Building Setbacks (ft)</b>	

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L c. 40, §54) Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	<b>1.8 Sewage Disposal System:</b> Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(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 Work<sup>2</sup>: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

Treasurer's Approval: \_\_\_\_\_ Board of Health \_\_\_\_\_ Conservation Commission Approval: \_\_\_\_\_

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

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

**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 \_\_\_\_\_

Signature \_\_\_\_\_

Email \_\_\_\_\_

**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.

Print Owner's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> 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.

Print Owner's or Authorized Agent's Name \_\_\_\_\_

Signature \_\_\_\_\_

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](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://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 bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"