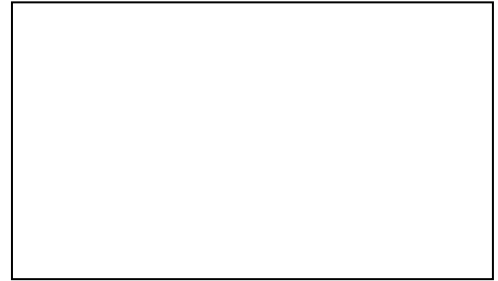




# Application for a Building Permit

## New Homes, Additions, Decks & Substantial Remodeling

Building Commissioner  
37 Main Street  
Charlton, MA 01507  
508-248-2241



Date: \_\_\_\_\_

Approved by: Curtis J. Meskus, Building Commissioner

### 1. Owner, Applicant Information

Property Address: \_\_\_\_\_ Assessors; Map \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_

**Owner of Record Name:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**Authorized Agent Name:** \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### 2. Proposed Project

New Home: _____	Size: _____ x _____ x _____	Number of Stories: _____	Living area: _____ X .3 = _____ Non Living: _____ X .1 = _____ Other Fee(s): _____ Total Fee: _____ Round to Whole Dollar: _____ Minimum Fee: \$ 75.00
Addition/ Remodeling: _____	Size: _____ x _____ x _____	Number of Stories: _____	
Attached Garage: _____	Size: _____ x _____ x _____	Number of Stories: _____	
Detached Garage: _____	Size: _____ x _____ x _____	Number of Stories: _____	
Deck or Porch: _____	Size: _____ x _____ x _____	Number of Stories: _____	
<b>Project Description</b> _____			
For any structure, attach a drawing(s) dimensioned and labeled to scale; showing the size, type and location of all foundations and supports, beams, girders, braces, floor, wall and roof framing and coverings. If addition show before and after plans.			<b>Total estimated project cost \$</b> _____

Zoning District	Lot Area	Road Frontage	Flood Zone; Yes or No	Are there wetlands within 100 feet; Yes or No	
Front Yard Setback		Side Yards Setback		Rear Yard Setback	
Required	Provided	Required	Provided	Required	Provided

Attach a plot plan, showing the property dimensions, the location all existing structures, sewage disposal systems, water supplies, wetlands and the proposed structure. Include dimensions between these items and to the property lines.

### 3. Homeowner License Exemption

The applicant for this project is the "Homeowner" as defined in 780 CMR, Section 108.3.5, and understands that he/she will be responsible for completion of the project in accordance with the Town of Charlton inspection schedule and the Massachusetts State Building Code.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Contractor Information

**Construction Supervisor:** \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registered Home Improvement contractor:**

Company Name: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach readable copies with picture, of current Construction Supervisor License and Home Improvement Registration if applicable.

Please complete reverse side.

**This application must be printed or typed, blue or black ink only.**

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**Long Form**

Paid Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Initials: \_\_\_\_\_

**5. Workers Compensation Insurance** (MGL 152 section 25c)

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I am a homeowner performing all the work myself.  I am a sole proprietor and have no one working in any capacity.

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I am an employer providing workers' compensation for my employees working in this job.  
Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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I am a sole proprietor  general contractor  or homeowner (check one) and have hired the contractors listed below who have the following workers' compensation policies: (attach addition sheets if necessary)

Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$ 1500.00 and /or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and the fine of \$ 100.00 a day against me.

**Attach current copies of certificates of insurance endorsed to the Building Inspector, Town of Charlton**

**6. Debris Disposal**

In accordance with MGL Chapter 40, Section 54, the Owner/Authorized Agent for this project stipulates that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A.

Name of Waste Facility: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

**7. Other Signatures Needed**

Town Collector: \_\_\_\_\_ For All Projects (MGL c 40 § 57)  
Board of Health: \_\_\_\_\_ For project that might affect your sewage disposal system.  
Sewer/Water: \_\_\_\_\_ If the property is connect to Municipal Water or Sewage

**8. Owner/ Agent Authorization**

I, \_\_\_\_\_, as the Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application. \_\_\_\_\_ Date: \_\_\_\_\_

Signature of owner

I, \_\_\_\_\_, as Owner, / Authorized Agent hereby declare that all statements and information on and attached to this application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_,  
Sign Name \_\_\_\_\_ Date: \_\_\_\_\_

Please complete reverse side.

**This application must be printed or typed, blue or black ink only.**

March 21, 2005  
**Long Form**