



Application for a Building Permit Sheds, Pools, Fences, Repairs and Improvements

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

Detached Shed: _____ Size: _____ x _____ Greater than 120 Sf. Fee \$ 75.00
Pool above ground: _____ Size: _____ x _____ & deck Size: _____ x _____ Fee(s) \$ 35.00 & \$ 75.00
Pool inground: _____ Size: _____ x _____ Includes the fence Fee \$ 60.00
Roofing: _____ Siding: _____ Replacement windows Number of : _____ Debris Disposal _____ Fee \$ 35.00 ea
Fence 6' or taller: _____ Retaining walls 4' or taller: _____ Fee \$ 20.00
Interior Remodeling and Improvements Size: _____ x _____ Sf. Based
Other _____
Total Fee _____
For any structure or inground pool, 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.
Total estimated project cost \$ _____

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.

March 21, 2005
Short 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.

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: _____

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
Short Form