



9th Edition Application for a Building Permit Accessory Structures & Repairs; One or Two Family

Department of Inspectional Services
37 Main Street
Charlton, MA 01507
508-248-2241

Date: _____

Approved by: Curtis J. Meskus, Building Commissioner



1. Owner

Project Address: _____ Assessors; Map _____, Block _____, Lot _____

Owner of Record Name: _____ Address: _____

E-Mail _____ Phone Number: _____ Alternate Phone: _____

City: _____ State: _____ Zip code: _____

2. Zoning

Zoning District	Lot Area	Road Frontage	Are there wetlands within 100 feet; Yes or No	
Front Yard Setback		Side Yards Setback	Rear Yard Setback	
Required	Provided	Required	Required	Provided
Water supply (MGL c. 40 § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		Flood Zone Information Zone: _____ Outside Flood Zone <input type="checkbox"/>		Sewage Disposal Information Municipal <input type="checkbox"/> On site disposal <input type="checkbox"/>

3. Proposed Project

Detached Shed: _____ Size: _____ x _____ less than 200 Sf Fee \$25.00 201-199 Sf Fee \$ 200.00	Total Fee \$ _____ Total estimated project cost \$ _____
Pool above ground: _____ Size: _____ x _____ Fee \$ 100.00 plus deck _____ x _____ Fee \$ 200.00	
Pool inground: _____ Size: _____ x _____ Includes the enclosure Fee \$ 200.00	
Roofing: _____ Siding: _____ Replacement windows Number of: _____ Fee \$ 100.00 Combination; add \$ 70.00	
Fence 7' or taller: _____ Fee \$ 40.00 Retaining walls 4' or taller: _____ Fee \$ 100.00	
Solid Fuel Burning appliances (woods stove, pellet stove, etc.) Each Fee \$ 50.00	
Other _____ Other Fees _____	

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.

4. Contractor Information

Licensed Construction Supervisor (CSL): License Number: _____ Type _____ Expiration _____

Name of CSL holder: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

E-Mail _____

Signature: _____ Date: _____

Registered Home Improvement contractor (HIC):

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail _____ Phone: _____

Registration Number: _____ Expiration Date: _____

Signature: _____ Date: _____

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

U	Unrestricted (up to 35,000Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roof Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Appliance
D	Residential Demolition

Fee: _____ Date: _____ Recieit/Control Number: _____ Initials _____

5. Workers Compensation Insurance

Project Address: _____ Assessors; Map _____, Block _____, Lot _____

Business 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.
 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)

Insurance company: _____ Policy Number: _____
 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, Who is the trash company? Must be complete for all projects

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

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

Homeowner as general contractor is responsible for supervision of the work and code compliance.

The applicant for this project is the "Homeowner" as defined in 780 CMR, Section 5108.3.5, 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. Further 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 HIC Program), **will not** have access to the arbitration program or the guaranty fund under MGL c. 142A. Other important information on the HIC program and the CSL can be found in 780 CMR §§ 110.R6 and 110.R5, respectively.

Print Name: _____ Sign: _____ Date: _____

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/second page.

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

October 2020
Accessory