

BUILDING PERMIT APPLICATION
ONE AND TWO FAMILY
New Construction
TOWN OF WARE, MASSACHUSETTS
 413-967-9648 x180 FAX: 413-967-9627

VP ID: _____
 RECEIVED: _____
 FEE: _____
 CK #: _____
 CSL HIC COI Workers Comp



The Commonwealth of Massachusetts
 Board of Building Regulations and Standards
 Massachusetts State Building Code, 780 CMR, 9th Edition
 Building Permit Application for **NEW** Construction only

DATE OF APPLICATION

THIS SECTION FOR OFFICIAL USE ONLY

Signature: _____
 Anna S. Marques, Building Commissioner Date _____

Required Inspections: FOOTING DAMP PROOF FRAMING AND FIRE STOP INSULATION FINAL

SITE INFORMATION

TOWN OF WARE ASSESSORS MAP- LOT - ZONE			PROPERTY DIMENSIONS	
MAP _____	LOT _____	ZONE _____	Lot Area (SF) _____	Frontage (FEET) _____

BUILDING / STRUCTURE SET-BACK (FEET)

FRONT YARD		SIDE YARDS		REAR YARD	
REQUIRED	PROVIDED	REQUIRED	PROVIDED	REQUIRED	PROVIDED
		RIGHT LEFT	RIGHT LEFT		

Water Supply: (M.G.L c. 40, § 54)
 Public Private **Flood Zone Information:**
 Zone: _____
 Outside Flood Zone? Check if Yes **Sewage Disposal System:**
 Municipal On site disposal system

PROPERTY OWNERSHIP

NAME OF PROPERTY OWNER (PRINT) _____ ADDRESS OF PROPERTY WHERE WORK WILL BE DONE _____
 MAILING ADDRESS _____
 SIGNATURE OF PROPERTY OWNER _____
 Telephone _____ Cell _____ Email _____

DESCRIPTION OF PROPOSED NEW CONSTRUCTION

DESCRIPTION OF PROJECT: _____
 NUMBER OF BEDROOMS: _____ NUMBER OF BATHS: _____ NUMBER OF ½ BATHS: _____
 GARAGE: Circle: ATTACHED / DETACHED SIZE _____ x _____ Circle: 1 CAR / 2 CAR / 3 CAR+ FINISHED BASEMENT: Yes _____ No _____
 DECKS: SIZE _____ x _____ x _____ PORCH (WITH ROOF) SIZE: _____ x _____ SHED: _____ x _____ POOL: _____ x _____ AG / IG
 WIDTH: _____ LENGTH: _____ HEIGHT: _____ GROSS SF: _____ HOUSE COVERING: SIDING _____ OTHER _____

ITEM	Estimated Costs: (Labor & Materials)	SIGN OFF FROM TAX COLLECTOR THAT TAXES ARE PAID TO DATE: _____ REQUIRED FOR EVERY BUILDING PERMIT PER TOWN BYLAW
BUILDING	\$ _____	BUILDING PERMIT FEE \$ _____ CHECK NUMBER: _____ FEE WILL BE CALCULATED BY BUILDING COMMISSIONER, USING THE FOLLOWING FORMULA: Total SF x SF of construction cost (ICC TABLE) x Permit Fee Multiplier (0.0070) = Permit Fee ESTIMATED DATE THAT YOU WILL START PROJECT: _____ ESTIMATED DATE THAT YOU WILL COMPLETE PROJECT: _____ PLEASE PAY BY CHECK OR MONEY ORDER
ELECTRICAL	\$ _____	
PLUMBING	\$ _____	
MECHANICAL HVAC	\$ _____	
MECHANICAL Fire Suppression	\$ _____	
TOTAL PROJECT COST	\$ _____	

CONSTRUCTION SERVICES

Licensed Construction Supervisor (CSL) – Submit Copy of License

Name of CSL Holder

Address

Signature

Telephone

Cell Phone

E-MAIL

License Number

Expiration Date

List CSL Type

Registered Home Improvement Contractor (HIC) – Submit Copy of License

HIC Company Name or HIC Registrant Name

Address

Signature

PHONE

Registration Number

Expiration Date

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 – Must attach Affidavit even if sole proprietor. Yes

No

No

**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.

Signature of Owner

Date

OWNER OR AUTHORIZED AGENT DECLARATION

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

Print Name

Signature of Owner or Authorized Agent

Date

Signed under the pains and penalties of perjury

PLEASE NOTE

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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

When substantial work is planned, provide the information below:

Total floors area (Sq. Ft.) _____ (including garage, finished basement / attics, decks and/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 _____

Finished Basement NO YES If Yes, please provide Sq. Ft. _____

“Total Project Square Footage” **may be substituted for “Total Project Cost”** _____

PLEASE PROVIDE A SKETCH OF NEW PROJECT

**INCLUDE HOUSE LOCATION & LOCATION OF ALL STRUCTURES ON PROPERTY
WITH EXISTING SET-BACKS FROM PROPERTY LINES.**

EXISTING STRUCTURES SHOULD BE SHOWN IN SOLID _____

PROPOSED PROJECT SHOULD BE SHOWN AS DASHED - - - - -

INCLUDE ALL DIMENSIONS AND SET-BACKS FROM ALL PROPERTY LINES

REAR PROPERTY LINE	
LEFT SIDE PROPERTY LINE	RIGHT SIDE PROPERTY LINE
FRONT PROPERTY LINE	
NUMBER AND NAME OF STREET:	

An "As Built" Plan by a Surveyor will be required to be submitted to the Building Official.

CONSTRUCTION DEBRIS AFFIDAVIT
(Required for all Demolition and Renovation work)

In accordance with the provisions of MGL Chapter 40 § 54, a condition of demolition/renovation permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111 § 150A.

ADDRESS OF PROJECT

NOTICE

ALL DUMPSTERS, 6 CUBIC YARDS OR GREATER, ON SITE MORE THAN TWENTY-FOUR HOURS (24HRS) REQUIRE PERMITS FROM THE FIRE DEPARTMENT. THE DUMPSTER PERMIT IS AVAILABLE THROUGH THE DUMPSTER VENDOR.

PLEASE INITIAL HERE THAT YOU HAVE READ THIS STATEMENT. _____

If the debris will not be disposed as indicated, the holder of the permit shall notify the building official in writing, as to the location where the debris will be disposed.

The debris will be transported by: _____
NAME OF HAULER

The debris will be disposed at what facility: _____

NEW CONSTRUCTION SIGN-OFF SHEET

**THIS DOCUMENT, ALONG WITH ALL SIGNATURES FROM DEPARTMENTS BELOW
MUST BE SUBMITTED WITH COMPLETED APPLICATION TO BUILDING DEPARTMENT**

Name of Road _____ Assessors Map/Parcel _____ Zone _____

Official Board / Department	Date	Signature	Comments
<p align="center">TAX COLLECTOR Need Sign off that taxes are paid to date 413-967-9648 x121</p>			
<p align="center">BOARD OF HEALTH Town Hall, 2nd Floor Septic, Licenses, Special Regulations 413-967-9648 x110</p>			
<p align="center">CONSERVATION Located in Building Department Copy of Determination of Applicability or Order of Conditions 413-967-9648 x180</p>			
<p align="center">PLANNING BOARD DEPARTMENT Verify if Site Plan, Special Permit or Variance is required 413-967-9648 x118</p>			
<p align="center">ZONING in BUILDING DEPARTMENT Reviewed by Building Official / Enforcement Officer Use Allowed in Zone & Setbacks Met 413-967-9648 x180</p>			
<p align="center">DPW – HIGHWAY DEPARTMENT Located at 4 ½ Church Street Attach Driveway / Curb Cut / Street Entrance Permit 413-967-9620</p>			
<p align="center">DPW – WATER & SEWER Located at 4 ½ Church Street If hooking up to Town Utilities, Attach copies of the Permits 413-967-9620</p>			
<p align="center">DPW – TRENCH PERMIT Located at 4 ½ Church Street Verify if one is required YES () NO () 413-967-9620</p>			
<p align="center">FIRE DEPARTMENT Located at 200 West Street Oil Furnace / Smoke Alarms / CO Alarms Sprinklers / Special Regulations SUBMIT COPY TO FIRE CHIEF 413-967-5901</p>			