

## TOWN OF ATHOL



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR, 7<sup>th</sup> edition

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*



Revised January  
1, 2008

## This Section For Official Use Only

Building Permit Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_  
Building Commissioner/ Inspector of Buildings Date

I certify that the owner of record below is not delinquent in payments to the Town of Athol under any circumstances.

Tax Collector \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1: SITE INFORMATION****1.1 Property Address:**

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

**1.2 Assessors Map & Parcel Numbers Init. \_\_\_\_\_**

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

**1.3 Zoning Information:**

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

**1.4 Property Dimensions:**

Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

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

**1.6 Water Supply:** (M.G.L c. 40, §54)

Public ☐ Private ☐

**1.7 Flood Zone Information:**

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes ☐

**1.8 Sewage Disposal System:**

Municipal ☐ On site disposal system ☐

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>****2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_

Address for Service: \_\_\_\_\_

Signature \_\_\_\_\_

Telephone \_\_\_\_\_

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

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐  
Demolition ☐ Accessory Bldg. ☐ Number of Units \_\_\_\_\_ Other ☐ 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="radio"/> Standard City/Town Application Fee <input type="radio"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	Check No. _____ Check Amount: _____

**SECTION 5: CONSTRUCTION SERVICES****5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder

Address

Signature

Telephone

License Number

Expiration Date

List CSL Type (see below)

Type

Description

U

Unrestricted (up to 35,000 Cu. Ft.)

R

Restricted 1&amp;2 Family Dwelling

M

Masonry Only

RC

Residential Roofing Covering

WS

Residential Window and Siding

SF

Residential Solid Fuel Burning Appliance Installation

D

Residential Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name

Address

Signature

Telephone

Registration Number

Expiration Date

**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.

Signature of Owner

Date

**SECTION 7b: OWNER<sup>1</sup> 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  
(Signed under the pains and penalties of perjury)

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

2. When substantial work is planned, provide the information below:

Total floors 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"

**New Construction Data: for Addition, Deck, Accessory bldg.**

If there is a on site sewage disposal system and/or a private water supply a signature sign-off must be obtained from the Board of Health 978-249-7934 before application is submitted to the Building Department.

BOH Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_