

TOWN OF ATHOL



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



Revised January  
1, 2008

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

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

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

**1.3 Zoning Information:** \_\_\_\_\_ **1.4 Property Dimensions:** \_\_\_\_\_

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_ 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)	<b>Official Use Only</b>
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> 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)	\$ _____	
<b>6. Total Project Cost:</b>	\$ _____	Check No. _____ Check Amount: _____

**SECTION 5: CONSTRUCTION SERVICES**

<p><b>5.1 Licensed Construction Supervisor (CSL)</b></p> <p>_____</p> <p>Name of CSL- Holder</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Telephone</p> <p>_____</p>	<p>License Number _____ Expiration Date _____</p> <p>List CSL Type (see below) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>U</td> <td>Unrestricted (up to 35,000 Cu. Ft.)</td> </tr> <tr> <td>R</td> <td>Restricted 1&amp;2 Family Dwelling</td> </tr> <tr> <td>M</td> <td>Masonry Only</td> </tr> <tr> <td>RC</td> <td>Residential Roofing Covering</td> </tr> <tr> <td>WS</td> <td>Residential Window and Siding</td> </tr> <tr> <td>SF</td> <td>Residential Solid Fuel Burning Appliance Installation</td> </tr> <tr> <td>D</td> <td>Residential Demolition</td> </tr> </tbody> </table>	Type	Description	U	Unrestricted (up to 35,000 Cu. Ft.)	R	Restricted 1&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
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<p><b>5.2 Registered Home Improvement Contractor (HIC)</b></p> <p>_____</p> <p>HIC Company Name or HIC Registrant Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Signature _____ Telephone _____</p>	<p>_____</p> <p>Registration Number</p> <p>_____</p> <p>Expiration Date</p>
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**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 \_\_\_\_\_ Date \_\_\_\_\_

(Signed under the pains and penalties of perjury)

**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: \_\_\_\_\_