Town of Mendon

Massachusetts State Building Code, 780 CMR

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: _____

_____   _____   _____
Building Official (Print Name)   Signature   Date

SECTION 1: SITE INFORMATION

1.1 Property Address:
_____

1.1a Is this an accepted street? yes_____   no_____

1.2 Assessors Map & Parcel Numbers
_____   _____
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[1]

2.1 Owner[1] of Record:

_____   _____
Name (Print)   City, State, ZIP

_____   _____   _____
No. and Street   Telephone   Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK[2] (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[2]:_____
_____
_____

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: ☐ Standard City/Town Application Fee ☐ Total Project Cost[3] (Item 6) x multiplier _____ x _____
2. Electrical	$	2. Other Fees: $_____
3. Plumbing	$	List:_____
4. Mechanical (HVAC)	$	_____
5. Mechanical (Fire Suppression)	$	Total All Fees: $_____
6. **Total Project Cost**:	$	Check No. _____Check Amount: _____Cash Amount:_____ ☐ Paid in Full ☐ Outstanding Balance Due:_____

SECTION 5: CONSTRUCTION SERVICES

5.1 General Contractor Information

_____
Name of General Contractor (Or homeowner if owner applying)

_____
Name of CSL Holder (if applicable)

_____
No. and Street

_____
City/Town, State, ZIP

_____ _____
Telephone   Email address

_____ _____
License Number   Expiration Date

List CSL Type (see below) _____

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

5.2 Registered Home Improvement Contractor (HIC)

_____
HIC Company Name or HIC Registrant Name

_____
No. and Street

_____ _____
City/Town, State, ZIP   Telephone

_____ _____
HIC Registration Number   Expiration Date

_____
Email address

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.

_____   _____
Print Owner's Name   Signature   Date

SECTION 7b: OWNER[1] OR AUTHORIZED AGENT DECLARATION

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

_____   _____
Print Owner's or Authorized Agent's Name & Signature 780 CMR R105.3 (6.)   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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

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