

Building Permit Application

TOWN OF TISBURY
BUILDING INSPECTION & ZONING ENFORCEMENT
POST OFFICE BOX 1239
VINEYARD HAVEN, MA 02568

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FEE: _____

OTHER PERMITS/APPROVALS REQUIRED:

BOARD OF APPEALS: _____ PLANNING BOARD: _____

BOARD OF HEALTH: _____ CONSERVATION: _____

FIRE DEPARTMENT: _____ HISTORIC DISTRICT: _____

MARTHA'S VINEYARD COMMISSION: _____ SITE PLAN REVIEW COMMITTEE: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

TELEPHONE: _____

PREVIOUS OWNER IF PURCHASED WITHIN 1 YEAR _____

APPLICANT NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

PROPERTY LOCATION:

STREET: _____

ASSESSOR'S PARCEL: _____ - _____ - _____ ZONING DISTRICT: _____

DATE OF DEED TO OWNER: _____ BOOK: _____ PAGE: _____

DESCRIPTION OF CONSTRUCTION ACTIVITY:

DIMENSIONS: _____(LIVING AREA) SQUARE FEET: _____

NUMBER OF EXISTING BEDROOMS: _____ BATHROOMS: _____

NUMBER OF PROPOSED BEDROOMS: _____ BATHROOMS: _____

DISTANCE FROM WETLANDS, BOG, MARSH, BEACH, OR BODY OF WATER: _____

BUILDER: _____

MAILING ADDRESS: _____

TELEPHONE: _____

CONSTRUCTION SUPERVISOR: _____

MAILING ADDRESS: _____

TELEPHONE: _____ LICENSE NUMBER _____

ESTIMATED COST OF STRUCTURE: _____

(MATERIAL & LABOR) **PLANS REQUIRED (3 SETS EACH):**

A. PLAN OF LAND REQUIRED FOR NEW CONSTRUCTION OR ANY CONSTRUCTION OUTSIDE EXISTING PERIMETER OF STRUCTURE*

B: DETAILED BUILDING PLANS INCLUDING DIMENSION LUMBER, INSULATION VALUES, MATERIALS TO BE USED, ELEVATIONS, SECTIONS, ETC.**

C. APPENDIX J (ENERGY AUDIT)

*All such plans and computations shall bear the Massachusetts Seal of Registration and signature of the qualified Registered Professional Land Surveyor.

**All building plans must comply with 780 CMR Building Code.

This application will not be processed unless it is deemed complete including attachments as required.

Signed under the pains and penalties of perjury.

Signature: **OWNER** _____

APPLICANT _____

OFFICE USE ONLY

APPROVED: _____ DISAPPROVED: _____

COMPLIES WITH ZONING BYLAW SECTION: _____

PERMIT NUMBER: _____

DATE OF ISSUE: _____

SIGNATURE OF BUILDING INSPECTOR



APPLICATION FOR: ATTACHED___ DETACHED___ TEMPORARY STRUCTURE___

NEW - DWELLING___ GARAGE___ SHED___ OTHER_____

ADDITION TO - DWELLING___ GARAGE___ SHED___ OTHER_____

BUILDING TYPE (SELECT ONE):

BUNGALOW___ CAMP___ CAPE/SALTBOX___ COLONIAL___ COMMERCIAL___(see Page 4)
MODERN/CONTEMPORARY___
TWO-FAMILY___ RANCH___ RAISED RANCH___
SPLIT-LEVEL___ OTHER_____

STRUCTURAL DATA (MUST BE COMPLETED FOR ALL BUILDINGS):

A. FOUNDATION TYPE

B. FOUNDATION

CELLAR___

BLOCK___

CRAWL SPACE___

POURED CONCRETE___

OTHER_____

OTHER_____

C. EXTERIOR WALLS (SELECT ONE, UNLESS THERE ARE EQUAL PROPORTIONS OF TWO)

COMPOSITION/WALL BOARD___

WOOD ON SHEATHING___

ASBESTOS SHINGLES___

STUCCO___

BOARD & BATTEN___

STONE ON MASONRY___

BRICK ON VENEER___

BRICK ON MASONRY___

STONE ON MASONRY___

CLAPBOARD___

VINYL SIDING___

ALUMINUM SIDING___

CEDAR OR REDWOOD SIDING___

WOOD SHINGLES___

GLASS/THERMOPANE___

PREFAB WOOD PANEL___

PRE-FINISHED METAL___

CONCRETE/CINDER___

LOGS___

OTHER_____

D. ROOF TYPE (SELECT ONE. IF MORE THAN ONE, CHOOSE THE PREDOMINANT)

FLAT___ SHED___ GABLE/HIP___ SALTBOX___ MANSARD___ GAMBREL___

E. ROOF COVER (SELECT ONE. IF MORE THAN ONE, CHOOSE THE GREATEST AREA)

ASPHALT___ WOOD SHINGLE___ CLAY OR TILE___ SLATE___

METAL OR TIN___ ROLLED COMPOSITION___ BUILT UP TAR/GRAVEL___

OTHER_____

F. INTERIOR WALLS

MASONRY___ PANELING___ PLASTER___ WOOD PANEL CUSTOM___

DRYWALL___ OTHER_____

G. INTERIOR FLOORS (DO NOT COUNT KITCHEN)

PLYWOOD___ PINE OR SOFTWOODS___ TILE___ HARDWOOD___

CARPETING___ PARQUET___ LINOLEUM___ VINYL___ OTHER_____

H. HEATING FUEL

I. HEATING TYPE

WOOD/COAL/KEROSENE___

NONE___

OIL___

CONVECTION___

GAS___

FORCED AIR - DUCTED___

ELECTRIC___

FORCED AIR - NON-DUCTED___

SOLAR___

HOT WATER___

STEAM___

RADIANT ELECTRIC___

J. AIR CONDITIONING

NONE___

CENTRAL___

HEAT PUMP___

K. OTHER DATA

NUMBER OF STORIES:___ NUMBER OF FIREPLACES/WOOD STOVES:___

OTHER SIGNIFICANT FEATURES IF ANY:_____

ADDITIONAL DATA (FOR COMMERCIAL BUILDINGS ONLY):

A. HEATING/AIR CONDITIONING

PACKAGED___

SPLIT___

NONE___

B. STRUCTURAL FRAME

NONE___ WOOD FRAME___ MASONRY___ STEEL___

FIREPROOF STEEL___ REINFORCED CONCRETE___ OTHER_____

C. CEILING & WALL (CHOOSE ONE FROM EITHER SUSPENDED OR NOT SUSPENDED)

SUSPENDED

NOT SUSPENDED

CEILING ONLY FINISHED___

CEILING ONLY FINISHED___

CEILING WITH MINIMUM WALL___ CEILING WITH MINIMUM WALL___

CEILING & WALL FINISHED___ CEILING & WALL FINISHED___

D. OTHER DATA

NUMBER OF ROOMS PER FLOOR___ WALL HEIGHT___

PERCENT OF COMMON WALL___ TOTAL NUMBER OF RESTROOMS___

IF RESIDENTIAL UNITS:

NUMBER OF UNITS___ BEDROOMS PER UNIT___ BATHS PER UNIT___