

# TOWN OF TISBURY

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

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## - BUILDING PERMIT APPLICATION -

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.**

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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  
 CELLAR\_\_\_  
 CRAWL SPACE\_\_\_  
 OTHER\_\_\_\_\_
- B. FOUNDATION  
 BLOCK\_\_\_  
 POURED CONCRETE\_\_\_  
 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

WOOD/COAL/KEROSENE\_\_\_  
OIL\_\_\_  
GAS\_\_\_  
ELECTRIC\_\_\_  
SOLAR\_\_\_  
STEAM\_\_\_

I. HEATING TYPE

NONE\_\_\_  
CONVECTION\_\_\_  
FORCED AIR - DUCTED\_\_\_  
FORCED AIR - NON-DUCTED\_\_\_  
HOT WATER\_\_\_  
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:\_\_\_\_\_

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**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\_\_\_

Suggested Affidavit for Home Improvement Contractor Permit Application

**TOWN OF TISBURY**

**AFFIDAVIT**

Home Improvement Contractor Law

Supplement to Permit Application

MGLc.142A requires that the “reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwellings units...or to structures which are adjacent to such residence or building” be done by registered contractors, with certain exceptions, along with other requirements.

TYPE OF WORK: \_\_\_\_\_ EST. COST: \$ \_\_\_\_\_

ADDRESS OF WORK: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

DATE OF PERMIT APPLICATION: \_\_\_\_\_

I hereby certify that:

REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASON (S):

- WORK EXCLUDED BY LAW
- JOB UNDER \$1,000
- BUILDING NOT OWNER-OCCUPIED
- OWNER PULLING OWN PERMIT
- OTHER (SPECIFY) \_\_\_\_\_

NOTICE IS HEREBY GIVEN THAT:

OWNERS PULLING THEIR OWN PERMIT OR DEALING WITH UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK DO NOT HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND UNDER MGL c. 142A

Signed under the penalties of perjury.

I hereby apply for a permit as the agent of the owner:

_____	_____	_____
DATE	CONTRACTOR NAME	REGISTRATION NO.

OR:

Notwithstanding the above notice, I hereby apply for a permit as the owner of the above property:

_____	_____
DATE	OWNER NAME

DEPARTMENT OF INDUSTRIAL ACCIDENTS  
600 WASHINGTON STREET  
BOSTON, MASSACHUSETTS 02111

WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I, \_\_\_\_\_  
(Licensee/permittee)

With a principal place of business/residence at: \_\_\_\_\_  
(City/State/Zip)

do hereby certify, under the pains and penalties of perjury, that:

I am an employer providing the following workers' compensation coverage for my employees working on this job.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

I am a homeowner performing all the work myself.

I am a sole proprietor and have no one working for me.

I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation insurance policies:

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Insurance Company/Policy Number

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Insurance Company/Policy Number

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Insurance Company/Policy Number

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on the grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act {GL.c. 152, sect. 1(5)}, application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties consisting of fine of up to \$1500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Licensee/Permittee

\_\_\_\_\_  
Licensor/Permitter

TOWN OF TISBURY  
Office of  
BUILDING INSPECTION & ZONING ENFORCEMENT  
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The applicant will be responsible prior to applying for a building permit to have the attached signoff sheet completed.

Board of Health (Septic Systems)  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Conservation Commission  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

DPW/Waste Water Department (if abutting Municipal Sewer)  
initials \_\_\_\_\_ N/A \_\_\_\_\_

Fire Department (Smoke and C/O Detectors.FSS and FNS)  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Martha’s Vineyard Commission  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Planning Board  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Site Plan Review Board  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Tax Collector  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Water Works  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

William Street Historic District  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Zoning Board of Appeals  
Initials \_\_\_\_\_ N/A \_\_\_\_\_

Other  
\_\_\_\_\_ N/A \_\_\_\_\_