



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

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

FOR
MUNICIPALITY
USE
Revised Mar 2011

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 OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

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="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder _____

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 (Electronic Signature) _____

Date _____

SECTION 7b: OWNER¹ 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 (Electronic Signature) _____

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"

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:_____

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___

COMMONWEALTH OF MASSACHUSETTS
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

Liscensor/Permittor

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

Applicant _____ Parcel _____

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 _____