



City of Waltham Application for Permit
119 School Street
Waltham, MA 02451
TEL 781-314-3275 ext. 3142 FAX 781-314-3286
E-mail rgaudet@city.waltham.ma.us

DATE RECEIVED

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____
 Building Commissioner/Inspector of Buildings Date

SECTION 1 – SITE INFORMATION

1.1 Property Address

1.2 Assessors Map & Parcel Number:

 Map Number _____ Parcel Number _____

1.3 Zoning Information:

 Zoning District _____ Proposed Use _____

1.4 Property Dimensions:

 Lot Area (sf) _____ Frontage (ft) _____

1.6 Building Setbacks (ft)

| Front Yard | | Side Yard | | Rear Yard | |
|------------|----------|-----------|----------|-----------|----------|
| Required | Proposed | Required | Proposed | Required | Proposed |
| | | | | | |

1.7 Water Supply (M.G.L. c. 40, § 54)
 Public Private

1.5 Flood Zone Information:
 Zone: _____ Outside Flood Zone

1.8 Sewage Disposal System:
 Municipal On site disposal system

SECTION 2 – PROPERTY OWNERSHIP/AUTHORIZED

2.1 Owner of Record:

Name (Print) _____ Address for Service _____
 Signature _____ Telephone _____

2.2 Authorized Agent

Name (Print) _____ Address _____
 Signature _____ Telephone _____

SECTION 3 – CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

 Licensed Construction Supervisor:
 Address _____
 Signature _____ Telephone _____

Not Applicable

 License Number _____
 Expiration Date _____

3.2 Registered Home Improvement Contractor:

 Company Name _____
 Address _____
 Signature _____ Telephone _____

Not Applicable

 Registration Number _____
 Expiration Date _____

SECTION 4 – 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 5 – DESCRIPTION OF PROPOSED WORK (check all applicable)

| | | | | |
|--|--|---|--|-----------------------------------|
| New Construction <input type="checkbox"/> | Existing Building <input type="checkbox"/> | Repair(s) <input type="checkbox"/> | Alteration(s) <input type="checkbox"/> | Addition <input type="checkbox"/> |
| Accessory Bldg. <input type="checkbox"/> | Demolition <input type="checkbox"/> | Other <input type="checkbox"/> Specify: _____ | | |

Brief Description of Proposed Work:

SECTION 6 – ESTIMATED CONSTRUCTION COSTS

| Item | Estimated Costs (Dollars) to be Completed by permit applicant | Official Use Only | |
|------------------------|---|---|--|
| 1. Building | \$ | (a) Building Permit Fee Multiplier \$15.00/\$1,000.00 | |
| 2. Electrical | \$ | (b) Estimated Total Cost of Construction from (6) | |
| 3. Plumbing | \$ | Building Permit Fee* (a) x (b) | |
| 4. Mechanical (HVAC) | \$ | | |
| 5. Fire Protection | \$ | | |
| 6. Total = (1+2+3+4+5) | \$ | Check Number | |

SECTION 7a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS 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/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent Hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

Print Name

Signature of Owner/Agent Date