



City of Waltham Application for Permit
119 School Street
Waltham, MA 02451
TEL 781-314-3275 FAX 781-314-3286

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) _____
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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 <input type="checkbox"/> Private <input type="checkbox"/>	1.5 Flood Zone Information: Zone: _____ Outside Flood Zone <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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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 <input type="checkbox"/> _____ License Number _____ Expiration Date _____
3.2 Registered Home Improvement Contractor: _____ Company Name _____ Address _____ Signature _____ Telephone _____	Not Applicable <input type="checkbox"/> _____ 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 \$12.00/\$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