



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

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

Email Address Required

License Number

Expiration Date

3.2 Registered Home Improvement Contractor:

Company Name

Address

Signature

Telephone

Email Address Required

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