



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

DATE RECEIVED

**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:**

N/A

N/A

**Map Number**

N/A

**Parcel Number**

N/A

**RESTAURANT NAME:**

**1.3 Zoning Information:**

N/A Temporary Certificate of Occupancy- Outdoor Dining

**1.4 Property Dimensions:**

Zoning District \_\_\_\_\_

Proposed Use \_\_\_\_\_

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 \_\_\_\_\_ Email Address \_\_\_\_\_

**2.2 Authorized Agent**

Name (Print) \_\_\_\_\_ Address \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3 – CONSTRUCTION SERVICES**

**3.1 Licensed Construction Supervisor:**

N/A

Licensed Construction Supervisor: \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**Email Address Required**

N/A

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**3.2 Registered Home Improvement Contractor:**

N/A

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_ Telephone \_\_\_\_\_

**Email Address Required**

N/A

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 checked="" type="checkbox"/> Specify: Temporary Certificate of Occupancy for Outdoor Dining		

**Brief Description of Proposed Work:**

Number of Tables: \_\_\_\_\_ Number of Chairs: \_\_\_\_\_  
 Table Sizes: \_\_\_\_\_ Seating Area Dimensions: \_\_\_\_\_  
 Tents: YES NO (circle one) If tent is over 400 sf. a plan stamped by Waltham Fire Dept. must be submitted with application.

**SECTION 6 – ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs (Dollars) to be Completed by permit applicant	Official Use Only	
		(a) Building Permit Fee Multiplier \$12.00/\$1,000.00	(b) Estimated Total Cost of Construction from (6)
1. Building	N/A	Building Permit Fee* (a) x (b)	No Fee
2. Electrical	N/A		
3. Plumbing	N/A		
4. Mechanical (HVAC)	N/A		
5. Fire Protection	N/A		
6. Total = (1+2+3+4+5)	N/A	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 \_\_\_\_\_