



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



Town of Freetown
 Building Department
 P.O. Box 438
 3 North Main Street
 Freetown, MA 02702
 (508) 644-2202

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE 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 Property Use	1.4 Property Dimensions: _____ Lot Area (sf) Frontage (ft)																		
1.5 Building Setbacks (ft) <table border="1" style="width:100%"> <thead> <tr> <th colspan="2">Front Yard</th> <th colspan="2">Side Yards</th> <th colspan="2">Rear Yard</th> </tr> <tr> <th>Required</th> <th>Provided</th> <th>Required</th> <th>Provided</th> <th>Required</th> <th>Provided</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>/</td> <td>/</td> <td></td> <td></td> </tr> </tbody> </table>		Front Yard		Side Yards		Rear Yard		Required	Provided	Required	Provided	Required	Provided			/	/		
Front Yard		Side Yards		Rear Yard															
Required	Provided	Required	Provided	Required	Provided														
		/	/																
1.6 Water Supply (M.G.L. c.40. § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	1.7 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"/>																			

SECTION 2 – PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record: _____ Name (Print) Address for Service _____ Signature Telephone	
2.2 Authorized Agent: _____ Name (Print) Address for Service _____ 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 Existing Building Repair (s) Alteration (s) Addition

Accessory Bldg. Demolition Other Specify: _____

Proposed Use: Single Family Dwelling Two-Family Dwelling

Brief Description of Proposed Work:

SECTION 6– ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only
1. Building		Estimated Total - (a) Cost of construction from #4 rounded up to nearest \$1,000
2. Mechanical (HVAC)		
3. Fire Protection		Building Permit Fee 12 x (a) ÷ 1,000 (Minimum \$30)
4. Total = (1 + 2 +3)		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