

# Town of Amherst – Inspection Services

## Building Permit Application



This Section For Official Use Only

Application Number: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Approved by Building Official: \_\_\_\_\_

Signature

Date

### SECTION 1: SITE INFORMATION

**1.1 Property Address:**

\_\_\_\_\_

**1.2 Assessors Map & Parcel Numbers**

Map Number \_\_\_\_\_

Parcel Number \_\_\_\_\_

**1.3 Zoning Information:**

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

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

**1.4 Property Dimensions:**

Lot Area (sq ft) \_\_\_\_\_

Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

Front Yard

Side Yards

Rear Yard

Required

Provided

Required

Provided

Required

Provided

**1.6 Water Supply:** (M.G.L. c. 40, § 54)

Public

Private

**1.7 Flood Zone Information:**

Zone: \_\_\_\_\_

Outside Flood Zone? \_\_\_\_\_

Check if yes

**1.8 Sewage Disposal System:**

Municipal

On site disposal system

### SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_

Telephone \_\_\_\_\_

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

### SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup>

One or Two Family Dwelling

Commercial

Mechanical

Other \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
<b>6. Total Project Cost:</b>	<b>\$ _____</b>	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Construction Supervisor License (CSL)**

Name of CSL Holder \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

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

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

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

HIC Registration Number \_\_\_\_\_

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

Email address \_\_\_\_\_

**SECTION 6: 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.

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN CONTRACTOR OR OWNER'S AGENT 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.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b: APPLICANT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Contractor//Owner's Agent/Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will **not** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) \_\_\_\_\_ (including garage, finished basement/attics, decks or porch)

Gross living area (sq. ft.) \_\_\_\_\_

Habitable room count \_\_\_\_\_

Number of fireplaces \_\_\_\_\_

Number of bedrooms \_\_\_\_\_

Number of bathrooms \_\_\_\_\_

Number of half/baths \_\_\_\_\_

Type of heating system \_\_\_\_\_

Number of decks/ porches \_\_\_\_\_

Type of cooling system \_\_\_\_\_

Enclosed \_\_\_\_\_ Open \_\_\_\_\_

3. "Total Project Square Footage" may be substituted for "Total Project Cost"