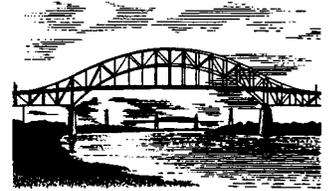


**TOWN OF BOURNE**  
**Building Permit Application**  
 24 Perry Avenue  
 Buzzards Bay, MA 02532  
 Tel. 508-759-0600 ext. 1512  
 Fax: 508-759-0611



Mail:

Pick Up:

Email:  \_\_\_\_\_

P/U Name/Phone #: \_\_\_\_\_

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

OWNER'S MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**ENGINEERING DEPARTMENT USE ONLY**

Map: \_\_\_\_\_

Area: \_\_\_\_\_

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

Parcel: \_\_\_\_\_

Frontage: \_\_\_\_\_

Elevations: \_\_\_\_\_

Lot #: \_\_\_\_\_

< MILE OF COAST: \_\_\_\_\_

Wet Lands: \_\_\_\_\_

Age: \_\_\_\_\_

Overlay: \_\_\_\_\_

Recorded: \_\_\_\_\_

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

Town Sewer: \_\_\_\_\_

Septic: \_\_\_\_\_

Water Resource: \_\_\_\_\_

Town Water: \_\_\_\_\_

Well: \_\_\_\_\_

**DESCRIPTION OF PROPOSED WORK**

**RESIDENTIAL:** \_\_\_\_

**COMMERCIAL:** \_\_\_\_

New Construction: \_\_\_\_

Roof: \_\_\_\_

Siding: \_\_\_\_

Insulation: \_\_\_\_

Fence: \_\_\_\_

Addition: \_\_\_\_

Shed: \_\_\_\_

Tent: \_\_\_\_

Stove: \_\_\_\_

Solar: \_\_\_\_

DEMO: \_\_\_\_

Windows/Doors: \_\_\_\_

Storage Container: \_\_\_\_

Occupancy Permit: \_\_\_\_

Sign: \_\_\_\_

Other (Specify Below): \_\_\_\_

**BRIEF DESCRIPTION OF PROPOSED WORK:**

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*\* BUILDINGS 75 YEARS OR OLDER ARE SUBJECT TO SECTION 3.1.4 OF TOWN BYLAWS AND REQUIRE A \$50.00 FILING FEE AND SUBJECT TO PLANS UPON REQUEST.*

**BUILDING CHARACTERISTICS OF PROPOSED WORK**

*New Construction & Additions ONLY*

	<u>FIRST FLOOR</u>	<u>SECOND FLOOR</u>	<u>THIRD FLOOR</u>
LENGTH	_____	_____	_____
WIDTH	_____	_____	_____
CELLS OR ADDITIONS	_____	_____	_____
SQ. FT. PER FLOOR	_____	_____	_____
GARAGE: _____ X _____		SQ. FT. _____	
TOTAL SQ. FT. OF BUILDING: _____			

*New Construction & Additions ONLY*

Number of Stories: \_\_\_\_\_      Number of Bedrooms: \_\_\_\_\_  
Height: \_\_\_\_\_      Number of Bathrooms: \_\_\_\_\_  
(TO HIGHEST POINT)      Number of Kitchens: \_\_\_\_\_

% OF LOT COVERAGE: \_\_\_\_\_  
% OF GROSS FLOOR AREA TO LOT AREA: \_\_\_\_\_

*New Construction and Additions ONLY*

**TYPE OF HEAT:**

GAS: \_\_\_\_\_ OIL: \_\_\_\_\_ ELECTRIC: \_\_\_\_\_

**COMMERCIAL**

USE GROUP: \_\_\_\_\_      TYPE OF CONSTRUCTION: \_\_\_\_\_

SPRINKLER SYSTEM: YES / NO      PARKING SPACES: \_\_\_\_\_      HANDICAP SPACES: \_\_\_\_\_

ENGINEER/ARCHITECT: \_\_\_\_\_  
CONTACT INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

**SET BACKS**

\_\_\_\_\_ Feet from Front      \_\_\_\_\_ Feet from Left  
\_\_\_\_\_ Feet from Rear      \_\_\_\_\_ Feet from Right

**Licensed Construction Supervisor (CSL)**

Name of CSL Holder \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_  
License Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
List CSL Type (See Below): \_\_\_\_\_

**ESTIMATED CONSTRUCTION COST**

Building: \$ \_\_\_\_\_  
Electrical: \$ \_\_\_\_\_  
Plumbing/Gas: \$ \_\_\_\_\_  
Mechanical (HVAC): \$ \_\_\_\_\_  
Mechanical (Fire Suppression): \$ \_\_\_\_\_  
Total Project Cost: \$ \_\_\_\_\_

**Registered Home Improvement Contractor (HIC)**

HIC Company/registrant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Registration Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

TYPE	DESCRIPTION
U	Unrestricted (up to 35,000 Cu.Ft.)
R	Restricted: 1 & 2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

**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: \_\_\_\_\_

I, as **Contractor or Authorized Agent** hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and behalf.

**Print Name** of Contractor or Agent: \_\_\_\_\_

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

**Owner Authorization to be completed when owner's agent or contractor applies for building permit**

I, as Owner of the Subject property hereby authorize the above named contractor to act on my behalf in all matters relative to work authorized by this building permit application.

\_\_\_\_\_  
Signature of Owner  
*(signed under the pains and penalties of perjury)*

\_\_\_\_\_  
Date

**OWNER RESPONSIBILITY FOR BUILDING PERMIT**

An Owner who obtains a building permit to do his/her own work, or an owner who hires and 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectfully.

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Date

# For Town Use Only

**TOWN SEWER / BOARD OF HEALTH**

SEPTIC PERMIT # \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**CONSERVATION COMMISSION**

FILE # \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

**TOWN PLANNER**

COMMENTS: \_\_\_\_\_

GFA/Lot Coverage: \_\_\_\_\_

Historic: yes / no

Signature: \_\_\_\_\_

**PLANNING BOARD**

SITE PLAN REVIEW #: \_\_\_\_\_ SPECIAL PERMIT #: \_\_\_\_\_ WAIVER: \_\_\_\_\_

Signature: \_\_\_\_\_

**ZONING BOARD OF APPEALS**

SPECIAL PERMIT #: \_\_\_\_\_ VARIANCE #: \_\_\_\_\_

**INSPECTOR OF BUILDINGS**

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPROVED BY INSPECTOR OF BUILDINGS