



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:

* **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	_____	_____	_____
ELLS 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: _____
<input type="checkbox"/> % OF LOT COVERAGE: _____	
<input type="checkbox"/> % 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

ESTIMATED CONSTRUCTION COST

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

Licensed Construction Supervisor (CSL)

Name of CSL Holder _____
Address: _____

Signature: _____
Phone: _____
License Number: _____
Expiration Date: _____
List CSL Type (See Below): _____

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