



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



City of Medford
 Office of the Building Commissioner
 City Hall Room 115a
 Telephone (781) 393-2509

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____

Date Issued: _____

Commissioner: _____

Date: _____

SECTION 1 - SITE INFORMATION

1.1 Property Address:

1.2 Zoning Information:

 Zoning District _____ Building Use _____

1.3 Property Dimensions:

 Zoning District _____ Proposed Use _____ Height of Structure _____

Is property in Historical District? YES NO

1.4 Building Setbacks (ft):

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.5 Water Supply (M.G.L. c. 40, § 54)
 Public Private

1.7 Flood Zone Information
 Zone: _____ Outside Flood Zone

1.7 Sewage Disposal System
 Municipal On site disposal system

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:
 Name (Print) _____
 Signature _____ Telephone _____
 Address for Service: _____

2.2 Authorized Agent:
 Name (Print) _____
 Signature _____ Telephone _____
 Address for Service: _____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:
 Licensed Construction Supervisor _____
 Address _____
 Signature _____ Telephone _____

Not Applicable
 License Number _____
 Expiration Date _____

3.2 Registered Home Improvement Contractor:
 Company Name _____
 Address _____
 Signature _____ Telephone _____

Not Applicable
 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 type="checkbox"/> Specify: _____		

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	
2. Electrical		(b) Estimate Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1+2+3+4+5)		Check Number:	Cash <input type="checkbox"/>

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.

Signature of Owner / Agent _____

Date _____

SECTION 7c - HOMEOWNERS PERMIT / HOMEOWNER AFFIDAVIT

I, _____ as Owner of the subject property hereby declare that I am the owner of, and reside at the property at subject address. I agree to act as supervisor of the work authorized under this building permit.

Signature of Owner _____

Date _____