

Permit Fee: \$ _____

TOWN OF MASHPEE

Received

Permit No. _____

BUILDING PERMIT APPLICATION

Date Issued: _____

Tel. 508 539-1406 Fax 508 539-1142



Map _____

Parcel _____

Job Address: _____ **Zone** _____

Owner: _____ **Phone:** _____

Address: _____

Flood Zone (cite Zone) _____ **Wetlands** Yes _____ No _____

Bldg. is: Single Family _____ Multi Family (No. of units) _____

Purpose of Permit: New Building _____ Addition _____ Accessory Apt. _____ Alteration/Repair _____

Res. Garage _____ Renovation _____ New Living Space _____ Shed _____ Pool _____ Deck _____

Foundation Only _____ Solar Installation _____ Other _____

Work Description: _____

Check what applies for this project: Electrical _____ Plumbing _____ Heating _____ Gas Fitting _____

Oil Storage _____ Public Water _____ Private Water _____ Septic _____ Asbestos/Lead Removal _____

Sq. Footage of work area _____ **Basement Area** _____

Total Project Cost \$ _____

OFFICIAL USE

Fee _____ Check No. _____ Paid in Full _____ Outstanding Balance _____

Print Name of Bldg. Official

Signature

Date

CONTINUE ON BACK

Rev 3/02/17

CONTRACTORS INFORMATION

CSL No. _____

Expiration Date _____

PRINT

Name: _____ Phone: _____

Address: _____

City/Town zip: _____

Email: _____

HOME IMPROVEMENT CONTRACTOR (HIC)

Company Name or HIC Name: _____

Address: _____ Phone: _____

City/Town zip: _____

HIC No. _____ Expiration Date: _____

Workers' Compensation Insurance Affidavit (M.G.L. 152 § 25C (6))

Workers Compensation Insurance affidavit must be submitted with the application or the application will be denied.

Workman's Comp: Home Owner doing work ____ Sole Proprietor ____ I have Worker's Comp. ____

Signed Affidavit Attached ____ Yes ____ No

OWNER AUTHORIZATION

I, as Owner of the subject property hereby authorize _____
to act on my behalf in all matter relative to work authorized by this building permit application.

Owners' Signature: _____ Date: _____

Owner or Authorized Agent Declaration: 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.

Signature

Date

SIGN OFFS

Board of Health _____ Conservation: _____

Fire Department _____ Tax Collector: _____