

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** \_\_\_\_\_ **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

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