



TOWN OF NORTON
BUILDING DEPARTMENT

70 EAST MAIN STREET, NORTON MA. 02766

PHONE: 508-285-0290 ~ FAX: 508-285-0295

Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Building Official (Print Name) _____ Signature _____ Date _____

SECTION 1: SITE INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Numbers

1.1a Is this an accepted street? yes _____ no _____

Map Number _____ Parcel Number _____

1.3 Zoning Information:

1.4 Property Dimensions:

Zoning District _____ Proposed Use _____

Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard = _____ Side Yards = _____ Rear Yard = _____

** DEPARTMENT APPROVAL **

Fire Department: _____ Conservation Dept: _____

Board of Health: _____ Other: _____

1.6 Water Supply: (M.G.L c. 40, §54)

1.7 Flood Zone Information:

1.8 Sewage Disposal System:

Public [] Private []

Zone: _____ Outside Flood Zone?
Check if yes []

Municipal [] On site disposal system []

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner of Record:

Name (Print) _____ City, State, ZIP _____

No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction [] Existing Building [] Owner-Occupied [] Repairs(s) [] Alteration(s) [] Addition []

Demolition [] Accessory Bldg. [] Number of Units _____ Other [] Specify: _____

Brief Description of Proposed Work: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Table with 3 columns: Item, Estimated Costs (Labor and Materials), and Official Use Only. Rows include Building, Electrical, Plumbing, Mechanical (HVAC), Mechanical (Fire Suppression), and Total Project Cost. Includes checkboxes for Standard City/Town Application Fee and Building Permit Fee.

SECTION 5: CONSTRUCTION SERVICES

5.1 Construction Supervisor License (CSL)

Name of CSL Holder

License Number

Expiration Date

5.2 Registered Home Improvement Contractor (HIC)

HIC Company Name or HIC Registrant Name

HIC Registration Number

Expiration Date

Telephone

List CSLType (see below) _____

Type	
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

SECTION 6: 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 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S 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.

Print Owner's Name (Electronic Signature)

Date

SECTION 7b: OWNER¹ OR AUTHORIZED AGENT DECLARATION

By entering my name below, 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.

Print Owner's or Authorized Agent's Name (Electronic Signature)

Date

NOTES:

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an 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 can be found at www.mass.gov/oca Information on the Construction Supervisor License can be found at www.mass.gov/dps

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____ (including garage, finished basement/attics, decks or porch)	Habitable room count _____
Gross living area (sq. ft.) _____	Number of bedrooms _____
Number of fireplaces _____	Number of half/baths _____
Number of bathrooms _____	Number of decks/ porches _____
Type of heating system _____	Enclosed _____ Open _____
Type of cooling system _____	

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

Permit Issued To: _____

Inspector: