



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

TOWN
 OF
 WARWICK



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

This section is for **Official Use Only**

Building Permit # _____ Amount _____ Check # _____ Date issued _____
 Signature _____ Date reviewed _____

Building Commissioner/Inspector of Buildings

I certify that the owner of records below is not delinquent in payments to the Town of Warwick under any circumstances per MGL. Chapter 40 Section 57.

Tax Collector _____ Date _____

| | | | | | |
|--|--------------------|---|--------------------|--|----------|
| Section 1 | Declare One | 6TH EDITION | 7TH EDITION | | |
| 1.1 Property Address: | | 1.2 Assessors Map & Parcel Number | | | |
| _____ | | Map Number _____ Parcel Number _____ | | | |
| 1.3 Zoning Information: | | 1.4 Property Dimensions: | | | |
| Zoning District _____ Residential _____ Proposed Use _____ | | Lot Area (sf) _____ Frontage _____ | | | |
| 1.5 Building Setbacks (ft) | | | | | |
| Front Yard | | Side Yards | | Rear Yard | |
| Required | Provided | Required | Provided | Required | Provided |
| 35' | | 30' | 30' | 35' | |
| 1.6 Water Supply (M.G.L. c.40 s. 54) | | 1.7 Flood Zone Information | | 1.8 Sewage Disposal System | |
| Public <input type="checkbox"/> Private <input type="checkbox"/> | | Zone: _____ Outside Flood Zone <input type="checkbox"/> | | Municipal <input type="checkbox"/> On Site Disposal <input type="checkbox"/> | |

Section 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record

Name (Print) _____ Address for Service _____
 Signature _____ Telephone _____

2.2 Authorized Agent

Name (Print) _____ Address for Service _____
 Signature _____ Telephone _____

Section 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor

Licensed Construction Supervisor: _____ Not Applicable
 Address _____ License Number _____
 Signature _____ Telephone _____ Expiration Date _____

3.2 Registered Home Improvement Contractor

Company Name _____ Not Applicable
 Address _____ License Number _____
 Signature _____ Telephone _____ Expiration Date _____

Section 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. C.152 S 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"/> | Alterations <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 | | a) Building Permit Fee Multiplier | |
| 2. Electrical | | | |
| 3. Plumbing | | b) Estimated Total Cost of Construction from (6) | |
| 4. Mechanical (HVAC) | | | |
| 5. Fire Protection | | | |
| 6. Total + (1+2+3+4+5) | | Building Permit Fee (a) x (b) | |

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.

 Print Name

 Signature of Owner/Agent _____ Date

| | | |
|-----------------------|-----------------------|-------------------------|
| # of Bedrooms: _____ | # of Bathrooms: _____ | Total # of Rooms: _____ |
| Fireplace: Y N | Woodstove: Y N | Finished Basement: Y N |
| Type of Heat: Hot Air | Hot Water | Electric Other: _____ |

New Construction Data: for Addition, Deck, Accessory bldg.
 If there is a on site sewage disposal system and/or a private water supply a signature sign-off must be obtained from the Board of Health 978-544-3595 before application is submitted to the Building Department.

 BOH Agent _____ Date