

# TOWN OF PLYMPTON

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

This Section For Official Use Only

Building Permit Number : \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Building Commissioner / Inspector of Buildings

**SECTION 1 - SITE INFORMATION**

Property Address: \_\_\_\_\_

Assessors Map & Lot Number: Map Block Lot \_\_\_\_\_

Zoning Information: Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

Property Dimensions: Lot Area (sf) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

Building Setbacks (ft):

<u>Front Yard</u>	<u>Side Yards</u>	<u>Rear Yard</u>
Required _____ Provided _____	Required _____ Provided _____	Required _____ Provided _____

Water Supply: Public \_\_\_\_\_ Private: \_\_\_\_\_

Flood Zone Information: Zone: \_\_\_\_\_ Outside Flood Zone: \_\_\_\_\_

Sewerage Disposal System: Municipal \_\_\_\_\_ On Site Disposal System: \_\_\_\_\_

**Section 2 - Property Ownership / Authorized Agent**

Owner of Record:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Authorized Agent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**Section 3 - Description of Proposed Work**  
**(Check All Applicable)**

New Construction \_\_\_\_\_ Existing Building \_\_\_\_\_ Repairs \_\_\_\_\_ Alterations \_\_\_\_\_

Additions \_\_\_\_\_ Accessory Building \_\_\_\_\_ Demolition \_\_\_\_\_ Other \_\_\_\_\_

Brief Description of Proposed Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Area	
Living Space (sf): _____	Garage (sf) _____
Deck / Porch (sf) _____	Shed (sf) _____

Estimated Cost: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

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Planning Board: _____	Board of Health: _____
Date: _____	Date: _____
Fire Department: _____	Highway Department: _____
Date: _____	Date: _____
Conservation Comm: _____	Tax Collector: _____
Date: _____	Date: _____

<b>Section 4 - Construction Services</b>	
<b>Licensed Construction Supervisor:</b>	
Licensed Construction Supervisor: _____	License #: _____
Address: _____	Exp. Date: _____
Phone: _____ Signature: _____	Not Applicable: _____
<b>Registered Home Improvement Contractor:</b>	
Company Name: _____	License #: _____
Address: _____	Exp. Date: _____
Phone: _____ Signature: _____	Not Applicable: _____

**Section 5 - Worker's 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 6a - 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 6b - 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 \_\_\_\_\_