

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: _____

Section 4 - Construction Services	
Licensed Construction Supervisor:	
Licensed Construction Supervisor: _____	License #: _____
Address: _____	Exp. Date: _____
Phone: _____ Signature: _____	Not Applicable: _____
Registered Home Improvement Contractor:	
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 _____