

The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR, 7th edition

Town of Leicester Massachusetts

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

				-					1	
			This Sec	tion For O	official Use	Only				
Building Permit Number:				Date Applied:						
Signature: Buildin	ng Comm	nissioner/ Inspec	ctor of Build	ings	Date					
			SECTION	1: SITE	INFORM	ATIO	N		7.4	
1.1 Property Address:				1.3	1.2 Assessors Map & Parcel Numbers					
1.1a Is this an accepted street? yes no				Ma	Map Number Parcel Number					
1.3 Zoning Information:				1.4	1.4 Property Dimensions:					
Zoning District Proposed Use			Lo	Lot Area (sq ft) Frontage (ft)						
1.5 Building Setbacks (ft) Buildi			ng Type	Type Building Use						
Front Yard			Si		Side Yards		Rear Yard			
Required	Pı	rovided	Requ	ired	Provid	led	R	equired		Provided
1.6 Water Supply: (M.G.L c. 40, § 54) Public □ Private □			1.7 Flood Zone Information: Zone: Outside Flood Zone? Check if yes□ CCTION 2: PROPERTY OWNE			ne?	1.8 Sewage Disposal System: Municipal □ On site disposal system □			
2.1 Owner ¹ of R		SE	ection 2:	PROPE	RTYOW	NERS	HIP.			
Name (Print) Signature					dress for Se	rvice:				
	SECTI	ION 3: DESC	RIPTION	OF PROP	POSED W	ORK ²	(check	all that app	ly)	
New Construction □ Ex		kisting Building Ow		ner-Occupied Repair		Repairs	s(s) □ Alteration(s) □ Addition			Addition
		ccessory Bldg			nber of Units Oth			ner 🗆 Specify:		
Brief Description	of Prop	osed Work ² :_								
		SECTIO	N 4: ESTI	MATED (CONSTR	UCTIO	ON COS	STS		
SECTION 4: ESTIMATED CONSTRUCTION COSTS Estimated Costs: (Labor and Materials) Official Use O				Use Only						
1. Building		\$			Building Permit Fee: \$ Indicate how fee is determined:					
2. Electrical		\$		☐ Standard City/Town Application Fee ☐ Total Project Cost³ (Item 6) x multiplier x						
3. Plumbing		\$			2. Other Fees: \$					
4. Mechanical (HVAC)		\$		List:						
5. Mechanical (Fire Suppression)		\$			Total All Fees: \$					
6. Total Project Cost:		\$		Check NoCheck Amount:Cash Amount:						

SECTION 5: CONST	RUCTIO	ON SERVICES						
5.1 Licensed Construction Supervisor (CSL)								
	License Number Expiration Date							
Name of CSL- Holder	List CSL Type (see below)							
Address	Type	Description						
Address	Ü	Unrestricted (up to 35,000 Cu. Ft.)						
Signature	R	Restricted 1&2 Family Dwelling						
Signature	M	Masonry Only						
Telephone	RC	Residential Roofing Covering						
Тегерноне	WS	Residential Window and Siding						
	SF D	Residential Solid Fuel Burning Appliance Installation Residential Demolition						
5.2 Registered Home Improvement Contractor (HIC)		- I - I - I - I - I - I - I - I - I - I						
HIC Company Name or HIC Registrant Name		Registration Number						
Address		Expiration Date						
Signature Telephone	Signature Telephone							
SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25C(6))								
Workers Compensation Insurance affidavit must be complethis affidavit will result in the denial of the Issuance of the	eted and s building p	ubmitted with this application. Failure to provide permit.						
Signed Affidavit Attached? Yes								
SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT								
I,								
authorize								
relative to work authorized by this building permit application.								
Signature of Owner		Date						
SECTION 7b: OWNER¹ OR AUTI	HORIZEI							
I,		, as Owner or Authorized Agent hereby declare						
that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and								
behalf.								
D: AV								
Print Name								
Signature of Owner or Authorized Agent		Date						
(Signed under the pains and penalties of perjury)								
	TES:							
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 <u>not</u> have access to the arbitration								
program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.								
2. When substantial work is planned, provide the information								
Total floors area (Sq. Ft.) (including garage, finished basement/attics, decks or porch)								
Gross living area (Sq. Ft.) Habitable room count								
Number of fireplaces Number of bedrooms Number of half/baths								
Number of bathrooms Type of heating system	mber of half/baths mber of decks/ porches							
Type of cooling system	closedOpen							
3. "Total Project Square Footage" may be substituted for	I otal Pr	ojeci Cosi						



TOWN OF LEICESTER CONSERVATION COMMISSION

LEICESTER, MA 01524-1333

Phone: 508-892-7007 – Fax: 508-892-7070

www.leicesterma.org

Conservation Commission Building Permit Review Form Wetlands/Riverfront Area (MGLCh.131, §40)

Project Address:			
Description of Proposed Work:			
Is the proposed work (check one) ¹	in Wetland Buffer (100 fe	et) and/or Riverf	ront Buffer (200 feet)?
YES	NO	N/A (no land disturban	ce/all interior work)
If YES, fill out the se	ection below:		
Date of Conservatio	n Commission Approval:		
Type of Conservation	on Commission Approval (RDA/NOI, etc.)		
	DEP File #: (where applicable)		
	pelow, I hereby attest under and on this form is true and		0 1 0 1
Signature			Date
Printed Name			

¹ It is the Applicant's responsibility to determine wetland and riverfront boundaries in proximity to the proposed work and to obtain Conservation Approval where required.