



**Town of Deerfield**  
**8 Conway Street**  
**South Deerfield, MA 01373**  
**Telephone: 413-665-1400 Facsimile: 413-665-1411**  
 Building Permit Application To Construct, Repair Or Renovate a  
**One- or Two-Family Dwelling**

FOR  
MUNICIPALITY  
USE

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

**ALL CONTRACTORS MUST POSSESS A 780CMR 9<sup>th</sup> EDITION CODE BOOK**

**SECTION 1: SITE INFORMATION**

<b>1.1 Property Address:</b> _____	<b>1.2 Assessors Map &amp; Parcel Numbers</b> Map Number _____ Parcel Number _____
<b>1.3 Zoning Information:</b> Zoning District _____ Proposed Use _____	<b>1.4 Property Dimensions:</b> Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

<b>1.6 Water Supply:</b> (M.G.L c. 40, § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>1.7 Flood Zone Information:</b> Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	<b>1.8 Sewage Disposal System:</b> Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
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**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ Mailing Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone (required) / Email Address (optional) \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>		Number of Units _____	Other <input type="checkbox"/> Specify: _____		

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

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amt: _____ Cash Amt: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

**SECTION 5: CONSTRUCTION SERVICES**

**5.1 Licensed Construction Supervisor (CSL)**

Name of CSL- Holder

Address

Signature

Telephone (required) / Email Address (optional)

License Number

Expiration Date

List CSL Type (see below)

Type	Description
U	Unrestricted (up to 35,000 Cu. Ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry Only
RC	Residential Roofing Covering
WS	Residential Window and Siding
SF	Residential Solid Fuel Burning Appliance Installation
D	Residential Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name

Address

Signature

Telephone

Registration Number

Expiration Date

**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.

Signature of Owner

Date

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

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.

Print Name

Signature of Owner or Authorized Agent

Date

(Signed under the pains and penalties of perjury)

**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 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 below:

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 bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

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

## DEBRIS AFFIDAVIT

As a result of the provisions of MGL C. 40, § 54, I acknowledge that as a condition of this Building Permit, all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL C. 111, § 150A.

I certify that I will notify the Building Commissioner of any change in the location of the solid waste disposal facility to be used within 72 hours.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permit Applicant

Print or type the following information:

\_\_\_\_\_  
Name of Permit Applicant

\_\_\_\_\_  
Firm Name (if applicable)

\_\_\_\_\_  
Address

The debris will be disposed of:

\_\_\_\_\_  
Facility

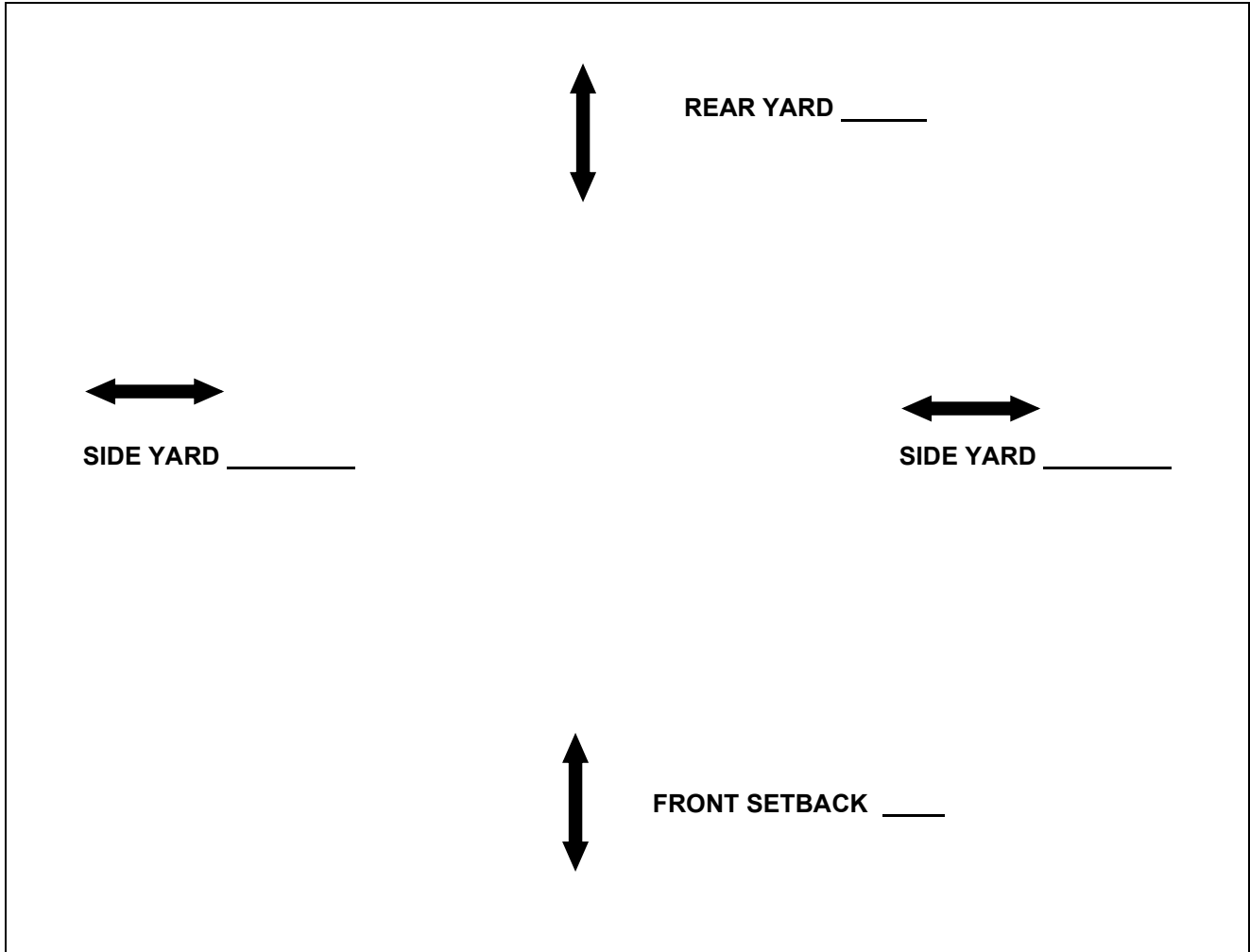
\_\_\_\_\_  
Address

# PLOT PLAN

Map \_\_\_\_ Parcel \_\_\_\_

\_\_\_\_\_ Sq Ft

## REAR LOT DIMENSION



FRONTAGE DIMENSION: \_\_\_\_\_ STREET NAME: \_\_\_\_\_

- Indicate location and dimensions of house, garage, additions or accessory buildings.
- Locate septic design area if applicable.
- Locate well CAP if applicable.