



# 7<sup>th</sup> Edition Application for a Building Permit Accessory Structures & Repairs; One or Two Family

Department of Inspectional Services  
37 Main Street  
Charlton, MA 01507  
508-248-2241

\_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Curtis J. Meskus, Building Commissioner



## 1. Owner, Applicant Information

Project Address: \_\_\_\_\_ Assessors; Map \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_  
Owner of Record Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## 2. Proposed Project

Zoning District	Lot Area	Road Frontage		Are there wetlands within 100 feet; Yes or No	
Front Yard Setback		Side Yards Setback		Rear Yard Setback	
Required	Provided	Required	Provided	Required	Provided
Water supply ( MGL c. 40 § 54) Public <input type="checkbox"/> Private <input type="checkbox"/>		Flood Zone Information Zone: _____ Outside Flood Zone <input type="checkbox"/>		Sewage Disposal Information Municipal <input type="checkbox"/> On site disposal <input type="checkbox"/>	

Detached Shed: _____ Size: _____ x _____ less than 120 Sf Fee \$25.00	121-199 Sf Fee \$ 100.00	<b>Total Fee</b> \$ _____  <b>Total estimated project cost</b> \$ _____
Pool above ground: _____ Size: _____ x _____ Fee \$ 75.00 plus deck _____ x _____	Fee \$ 100.00	
Pool inground: _____ Size: _____ x _____ Includes the enclosure	Fee \$ 100.00	
Roofing: _____ Siding: _____ Replacement windows Number of: _____	Fee \$ 100.00 Combination; add \$ 45.00	
Fence 6' or taller: _____ Fee \$ 35.00	Retaining walls 4' or taller: _____ Fee \$ 75.00	
Solid Fuel Burning appliances (woods stove, pellet stove, etc.)	Each Fee \$ 40.00	
Interior Remodeling and Improvements Size: _____ x _____ = _____	Fee \$ 200 + .13 or .15 per Sf	
Other _____	Other Fees _____	

For any structure or inground pool, attach a drawing(s) dimensioned and labeled to scale; showing the size, type and location of all foundations and supports, beams, girders, braces, floor, wall and roof framing and coverings.

## 3. Contractor Information

**Licensed Construction Supervisor (CSL):** License Number: \_\_\_\_\_ Type \_\_\_\_\_ Expiration \_\_\_\_\_  
Name of CSL holder: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registered Home Improvement contractor (HIC):**  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Attach readable copies with picture, of current Construction Supervisor License and Home Improvement Registration if applicable

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

Fee: \_\_\_\_\_ Date: \_\_\_\_\_ Reciever/Control Number: \_\_\_\_\_ Initials \_\_\_\_\_

Please complete reverse side/second page.

**This application must be printed or typed, blue or black ink only.**

Sept. 30, 2008  
**Accessory**

Project Address: \_\_\_\_\_ Assessors; Map \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_

**4. Workers Compensation Insurance (MGL 152 section 25c).**

Business Name \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 I am a homeowner performing all the work myself.  I am a sole proprietor and have no one working in any capacity.  
 I am an employer providing workers' compensation for my employees working in this job.  
 I am a sole proprietor  general contractor  or homeowner (check one) and have hired the contractors listed below who have the following workers' compensation policies: (attach addition sheets if necessary)  
Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$ 1500.00 and /or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and the fine of \$ 100.00 a day against me.  
**Attach current copies of certificates of insurance endorsed to the Building Inspector, Town of Charlton**

**5. Debris Disposal**

In accordance with MGL Chapter 40, Section 54, the Owner/Authorized Agent for this project stipulates that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A.  
Name of Waste Facility: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

**6. Other Signatures Needed**

Town Collector: \_\_\_\_\_ For All Projects (MGL c 40 § 57)  
Board of Health: \_\_\_\_\_ For project that might affect your sewage disposal system.  
Sewer/Water: \_\_\_\_\_ If the property is connect to Municipal Water or Sewage

**7. Owner/ Agent Authorization**

The applicant for this project is the "Homeowner" as defined in 780 CMR, Section 5108.3.5, and understands that he/she will be responsible for completion of the project in accordance with the Town of Charlton inspection schedule and the Massachusetts State Building Code. Further 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 HIC Program), **will not** have access to the arbitration program or the guaranty fund under MGL c. 142A. Other important information on the HIC program and the CSL can be found in 780 CMR §§ 110.R6 and 110.R5, respectively.  
Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, as the Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application. \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of owner  
I, \_\_\_\_\_, as Owner, / Authorized Agent hereby declare that all statements and information on and attached to this application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.  
Print Name \_\_\_\_\_,  
Sign Name \_\_\_\_\_ Date: \_\_\_\_\_