



TOWN OF HOLDEN

Department of Growth Management

For Office Use Only:
Received:

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

FOR PROPERTY LOCATED AT: _____

REQUIRED INFORMATION

BUILDING PERMIT APPLICATIONS WILL NOT BE ACCEPTED UNLESS THEY HAVE THE FOLLOWING:

1. A COPY OF THE PLOT PLAN:

Drawn to scale showing the locations of the proposed structure, with dimensions to the front, rear and side lot lines, which is acceptable to the Building Official. Plot plans are required for new buildings, additions, decks, pools, and storage sheds. (**Note: The Building Official may not accept Mortgage Surveys or Assessors Maps in lieu of site plans**).

2. 3 COPIES OF STRUCTURAL PLANS:

Must be legible and drawn to scale with sufficient clarity showing foundations, floor plans and a cross section of the structure stating size, span and spacing of all structural members, and window and door schedules. These plans must also note that the structure will require wiring and plumbing.

3. MASCHECK COMPLIANCE REPORT:

New homes, additions, and major renovation projects are required to file MAScheck Reports.

4. CONTRACTORS LICENSES:

A copy of the Contractors Construction Supervisors and/or Home Improvement Contractors Licenses issued by the Commonwealth of Massachusetts.

5. INSURANCE AFFIDAVIT:

Certificate of Insurance with Workmen's Compensations, and General Liability coverage, or a signed Worker's compensation Insurance Affidavit Form (enclosed).

6. SIGNATURE:

The application must be signed by the applicant.

FLOOD PLAINS - SECTIONS 2102.2 BUILDING CODE:

Proposed building plans which are located within Zone A of the Flood Plain Maps must include a plot plan, drawn by a Registered Land Surveyor, to certify that the structure is not in the Special Flood Hazard Area or affected by Cohen Bill.

IMPORTANT - Applicant to complete all items in sections: I, II, III, and IV

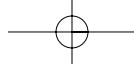
1. LOCATION OF BUILDING	AT (LOCATION) _____ (No.) _____ (Street) BETWEEN _____ (Cross Street) AND _____ (Cross Street) SUBDIVISION _____ MAP _____ PARCEL _____ LOT SIZE _____	ZONING _____ DISTRICT _____
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II. TYPE AND COST OF BUILDING - All applicants complete Part A - D

<p>A. TYPE OF IMPROVEMENT</p> <p> <input type="checkbox"/> New Building <input type="checkbox"/> Addition (<i>If residential, enter number of new housing units added, if any, in Part D. 13</i>) <input type="checkbox"/> Repair, replacement / alteration <input type="checkbox"/> Wrecking (<i>If multifamily residential, enter number of units in building in Part D. 13</i>) <input type="checkbox"/> Shed <input type="checkbox"/> Foundation only <input type="checkbox"/> Pool <input type="checkbox"/> Roofing <input type="checkbox"/> Deck <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Other <input type="checkbox"/> Garage _____ _____ _____ _____ </p>	<p>D. PROPOSED USE - For "Wrecking" most recent use (Existing Structure)</p> <p>Residential</p> <p> <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family - <i>Enter Number of units</i> _____ <input type="checkbox"/> Transient hotel, motel, or dormitory - <i>Enter number of units</i> _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other - <i>Specify</i> _____ </p> <p>Commercial/Business</p> <p> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Garage <input type="checkbox"/> Service Station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other - <i>Specify</i> _____ _____ </p> <p>Will there be an elevator? _____</p>
<p>B. OWNERSHIP</p> <p> <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State, or local government) </p>	
<p>C. ESTIMATED COST OF IMPROVEMENT (Omit Cents)</p> <p>Cost of Improvement \$ _____ <i>To be installed but not included in the above cost</i></p> <p>a. Electrical _____ b. Plumbing _____ c. Heating, air-conditioning _____ d. Other (elevator, etc.) _____</p> <p>TOTAL COST OF IMPROVEMENT \$. _____</p>	

III. SELECTED CHARACTERISTICS OF BUILDING - For new buildings, additions and alterations, complete Parts E - N; for wrecking, complete only Part M, for all others skip to IV.

<p>E. PRINCIPAL TYPE OF FRAME</p> <p> <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other - Specify _____ _____ </p>	<p>H. PRINCIPAL TYPE OF HEATING</p> <p> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other </p>	<p>L. NUMBER OF OFF-STREET PARKING SPACES</p> <p>Enclosed _____ Outdoors _____</p>
<p>F. TYPE OF WATER SUPPLY</p> <p> <input type="checkbox"/> Public or private company <input type="checkbox"/> Private (well, cistern) </p>	<p>I. SPRINKLER SYSTEM</p> <p>Will there be a sprinkler system for fire suppression? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Will there be an irrigation system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>M. DIMENSIONS</p> <p>Number of stories _____ Total square feet of floor area, all floors, based on exterior Dimensions _____ Total land area, sq. ft. _____</p>
<p>G. TYPE OF SEWAGE DISPOSAL</p> <p> <input type="checkbox"/> Public <input type="checkbox"/> Private (septic tank, etc.) </p>	<p>J. FOUNDATION TYPE</p> <p>_____</p>	<p>N. RESIDENTIAL BUILDINGS ONLY</p> <p>Number of bedrooms _____ Number of bathrooms _____ Full _____ Partial _____</p>
	<p>K. ROOFING TYPE</p> <p>_____</p>	



IV. IDENTIFICATION - to be completed by all applicants

Name	Mailing address - Number, street, city and State	ZIP code	Tel. No.
1. Applicant or Lessee			
2. Property Owner			
3. Contractor (s)			
	Builders Lic. # _____		
4. Architect or Engineer			

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of the Town of Holden and the Commonwealth of Massachusetts.

Signature of applicant	Address	Application date
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DO NOT WRITE BELOW THIS LINE

V. PLAN EXAMINERS NOTES

DISTRICT: _____ USE: _____

FRONT YARD: _____ SIDE YARDS: _____ REAR YARD: _____

ADDITIONAL REVIEWS, APPROVALS OR PERMITS: _____

WETLANDS/CONSERVATION: _____

ZONING ISSUES: _____

BOARD OF HEALTH PERMITS: _____

WELL: _____ SEPTIC: _____

ELECTRICAL: _____ PLUMBING: _____ GAS: _____

FIRE ALARM/SPRINKLER: _____

MECHANICAL: _____

V. ADDITIONAL INFORMATION REQUIRED

Building Permit Fee \$ _____

Certificate of Occupancy \$ _____

Total Fee \$ _____

<u>FOR DEPARTMENT USE ONLY</u>	
Use Group	_____
Construction Type	_____

Approved by: _____

_____ Date _____
Building Commissioner/Building Inspector

