



## TOWN OF MEDFIELD

Building Department  
459 Main St  
Medfield, MA 02052



Building Permit Application To Construct, Repair, Renovate or Add To a *One-  
or Two-Family Dwelling*

This Section For Official Use Only

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

Building Official (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### SECTION 1: SITE INFORMATION

#### 1.1 Property Address:

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

#### 1.2 Assessors Map & Parcel Numbers

Map Number \_\_\_\_\_

Parcel Number \_\_\_\_\_

#### 1.3 Zoning Information:

Zoning District \_\_\_\_\_

Proposed Use \_\_\_\_\_

#### 1.4 Property Dimensions:

Lot Area (sq ft) \_\_\_\_\_

Frontage (ft) \_\_\_\_\_

#### 1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	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 ☐

#### 1.8 Sewage Disposal System:

Municipal ☐ On site disposal system ☐

### SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>

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

Name (Print) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

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

New Construction ☐ Existing Building ☐ Owner-Occupied ☐ Repairs(s) ☐ Alteration(s) ☐ Addition ☐

Demolition\* ☐ Accessory Bldg. ☐ Number of Units \_\_\_\_\_ Other ☐ Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	<b>1. Building Permit Fee:</b> \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost (Item 6) x multiplier _____ x _____ <b>2. Other Fees:</b> \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <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 Construction Supervisor License (CSL)**

Name of CSL Holder \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

Type

Description

U

Unrestricted (Buildings up to 35,000 cu. ft.)

R

Restricted 1&amp;2 Family Dwelling

M

Masonry

RC

Roofing Covering

WS

Window and Siding

SF

Solid Fuel Burning Appliances

I

Insulation

D

Demolition

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

HIC Company Name or HIC Registrant Name \_\_\_\_\_

No. and Street \_\_\_\_\_

City/Town, State, ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

HIC Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Email address \_\_\_\_\_

**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.

Print Owner's Name \_\_\_\_\_

Date \_\_\_\_\_

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

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name \_\_\_\_\_

Date \_\_\_\_\_

**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 can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

2. When substantial work is planned, provide the information below:

Total floor 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 \_\_\_\_\_

\*Demolition/Razing of a structure shall require submittal of a Demolition Permit Application