



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 OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____

City, State, ZIP _____

No. and Street _____

Telephone _____

Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

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 (Item 6) x multiplier _____ x _____ |
| 2. Electrical | \$ _____ | 2. Other Fees: \$ _____ List: _____ _____ |
| 3. Plumbing | \$ _____ | Total All Fees: \$ _____ |
| 4. Mechanical (HVAC) | \$ _____ | Check No. _____ Check Amount: _____ Cash Amount: _____ |
| 5. Mechanical (Fire Suppression) | \$ _____ | <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____ |
| 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&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: OWNER¹ 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 Information on the Construction Supervisor License can be found at 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