



COMMONWEALTH OF MASSACHUSETTS
TOWN OF ACUSHNET
130 MAIN STREET, ACUSHNET, MA 02743
BUILDING DEPARTMENT
TEL: (508) 998-0225
FAX: (508) 998-0204

Project Location: _____ Date: _____
Applicant: _____ Phone: _____
Applicant Address: _____
Proposed Work: _____

APPROVALS NEEDED PRIOR TO EXCAVATION

CONSERVATION COMMISSION – agent approval, copy of engineered site plan
BOARD OF HEALTH- septic plan approval, well installed and tested
DEPT. OF PUBLIC WORKS – Town permits for sewer and water

REQUIRED SUBMITTALS FOR BUILDING PERMIT APPLICATION

- ☐ **3 SETS OF BUILDING PLANS WITH ENGINEERED SITE PLAN**
- ☐ **HERS RATING (if applicable)**
- ☐ **TRUSS CERTIFICATES (if required)**
- ☐ **COPY OF CONTRACTOR LICENSE(S) & CERTIFICATE OF INSURANCE**

SIGN OFFS:

_____	CONSERVATION AGENT	_____	DATE
_____	BOARD OF HEALTH	_____	DATE
_____	D.P.W./ B.P.W.	_____	DATE
_____	TAX COLLECTOR	_____	DATE



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BUILDING DEPARTMENT

DATE

IMPORTANT: COMPLETE ALL ITEMS. MARK BOXES WHERE APPLICABLE.

PROJECT LOCATION/STREET ADDRESS: _____

MAP: _____ BLOCK: _____ LOT: _____ ZONE: _____

TYPE OF WORK: (circle one)

1. NEW BUILDING
2. ADDITION
3. ALTERATION
4. ROOF
5. SIDING, WINDOWS
6. DEMOLITION
7. SOLID FUEL STOVE
8. OTHER
9. CHANGE OF USE

PROPOSED OR EXISTING USE:

- ☐ SINGLE FAMILY
- ☐ MULTI-FAMILY
- ☐ INDUSTRIAL
- ☐ COMMERCIAL
- ☐ PUBLIC
- ☐ ASSEMBLY
- ☐ OTHER: _____

COST OF CONSTRUCTION:

TOTAL VALUE:

\$ _____

TYPE OF SEWAGE DISPOSAL: ☐ PUBLIC
☐ PRIVATE

TYPE OF WATER SUPPLY: ☐ PUBLIC
☐ PRIVATE WELL

TYPE OF HEAT: ☐ GAS
☐ OIL
☐ ELECTRIC
☐ OTHER

OTHER SYSTEMS: ☐ FIRE SPRINKLER ☐ AIR CONDITIONING
☐ OTHER: _____

DIMENSIONS: _____

NUMBER OF STORIES: _____

TOTAL SQUARE FOOTAGE: _____

FRONTAGE: _____

LAND AREA: _____ SQ. FT.

DISTANCE FROM LOT LINES: _____ FRONT

_____ REAR

_____ R. SIDE

_____ L. SIDE

LEGAL OWNER- please print

NAME: _____

ADDRESS: _____

PHONE #: _____

CONTRACTOR- please print

NAME: _____

ADDRESS: _____

PHONE #: _____ CELL: _____

CSL #: _____ HIC #: _____

SIGNATURE OF LEGAL OWNER: _____

SIGNATURE OF CONTRACTOR: _____

HOME IMPROVEMENT CONTRACTOR LAW AFFIDAVIT

(FOR RESIDENTIAL USE ONLY)

M.G.L. 142A REQUIRES THAT THE RECONSTRUCTION, IMPROVEMENT, REMOVAL, DEMOLITION OR CONSTRUCTION OF AN ADDITION TO ANY PRE-EXISTING OWNER OCCUPIED BUILDING FOR NO MORE THAN TWO DWELLING UNITS BE CONDUCTED BY REGISTERED CONTRACTORS.

TYPE OF WORK: _____

ESTIMATED COST OF WORK: _____

I HEREBY CERTIFY THAT REGISTRATION IS NOT REQUIRED FOR THE FOLLOWING REASONS;

_____ WORK EXCLUDED _____ JOB UNDER \$1,000.00

NOTICE IS HEREBY GIVEN THAT OWNERS OBTAINING THEIR OWN PERMIT OR EMPLOYING UNREGISTERED CONTRACTORS FOR APPLICABLE HOME IMPROVEMENT WORK **DO NOT** HAVE ACCESS TO THE ARBITRATION PROGRAM OR GUARANTY FUND.

SIGNED UNDER PENALTIES OF PERJURY, I HEREBY APPLY FOR A PERMIT AS AGENT OF THE OWNER.

DATE: _____ CONTRACTOR: _____ LICENSE #: _____

NOT WITHSTANDING THE ABOVE NOTICE; I HEREBY APPLY FOR A PERMIT AS THE OWNER OF THE PROPERTY.

DATE: _____ OWNER: _____

DISPOSAL OF CONSTRUCTION DEBRIS

IN ACCORDANCE WITH PROVISIONS OF M.G.L.C40 S54, DEBRIS RESULTING FROM THIS WORK SHALL BE DISPOSED OF IN A PROPERLY LICENSED FACILITY.

THE DEBRIS WILL BE DISPOSED OF IN _____

WORKERS COMPENSATION INSURANCE AFFIDAVIT

APPLICANT'S INFORMATION (PLEASE PRINT LEGIBLY)

NAME: _____

ADDRESS: _____

- ☐ I AM AN EMPLOYER WITH _____ EMPLOYEES
- ☐ I AM A SOLE PROPRIETER OR PARTNERSHIP
- ☐ I AM A GENERAL CONTRACTOR, I HAVE HIRED SUB-CONTRACTORS.
- ☐ I AM A HOMEOWNER DOING ALL WORK MYSELF
- ☐ WE ARE A CORPORATION AND HAVE NO EMPLOYEES

INSURANCE COMPANY: _____ POLICY #: _____

I UNDERSTAND THAT A COPY OF THIS APPLICATION MAY BE FORWARDED TO THE DEPARTMENT OF INDUSTRIAL ACCIDENTS.

SIGNATURE OF APPLICANT: _____ DATE: _____

OWNERS INSURANCE WAIVER *(only if applicable)*: I am aware that the Licensee does not have the liability insurance coverage normally required by law. By my signature below, I hereby waive this requirement.

Signature: _____ CHECK ONE: ☐ owner ☐ owner's agent

DECLARATION:

Omissions of reference to any provisions shall not nullify any requirements of the State Building Code, nor exempt any structure from such requirement.

The applicant understands and warrants that they will comply with all pertinent Federal and State Statutes, local By-Laws, and Federal, State, and Local regulations.

It is understood that the issuance of a permit shall not be construed as authority to violate, cancel, or set aside any of the provisions of the State Building Code (Eight Edition) or local laws.

I have read the above and sign under pains of penalty and perjury as to the truth of all information and statements contained in this application.

Signature of Applicant: _____ Date: _____

Official use only. Do not write in this area, to be completed by Building Commissioner.

CONDITIONS OF PERMIT:

APPROVED BY: _____ **DATE:** _____
James A. Marot, Building Commissioner

PERMIT #:

PERMIT FEE:
