



# Town of Wakefield BUILDING PERMIT APPLICATION



APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

## THIS SECTION FOR OFFICIAL USE ONLY

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

### SECTION 1 — SITE INFORMATION

#### 1.1 Property Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 1.2 Assessors Map & Parcel Number:

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

#### 1.3 Zoning Information:

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

#### 1.4 Property Dimensions:

Lot Area (sf) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

#### 1.5 DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction ☐ Existing Building ☐ Repair(s) ☐ Alteration(s) ☐ Addition ☐ Accessory Bldg. ☐  
Demolition ☐ Other ☐ Specify: \_\_\_\_\_

#### Brief Description of Proposed Work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2 — PROPERTY OWNERSHIP/AUTHORIZED AGENT

#### 2.1 Owner of Record:

Name (Print) \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

#### 2.2 Authorized Agent:

Name (Print) \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 3 — CONSTRUCTION SERVICES

#### 3.1 Licensed Construction Supervisor:

Licensed Construction Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Not Applicable ☐

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

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

#### 3.2 Registered Home Improvement Contractor:

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Not Applicable ☐

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

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

**SECTION 4 — 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 5 — DEBRIS**

In accordance with the provisions of MGL c. 40, s. 54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c. 111, s. 150A.

The debris will be disposed of in: \_\_\_\_\_  
(Location of Facility)

**SECTION 6 — ESTIMATED CONSTRUCTION COSTS IN DOLLARS**

1. Building Cost \_\_\_\_\_
2. Cost per Square Foot \_\_\_\_\_
3. Electrical \_\_\_\_\_
4. Plumbing and Gas \_\_\_\_\_
5. Mechanical (HVAC) \_\_\_\_\_
6. Fire Protection \_\_\_\_\_
7. Other, Specify \_\_\_\_\_

**OFFICIAL USE ONLY**

Building Permit Fee  
Multiplier \_\_\_\_\_

Estimated Total Cost  
Construction \_\_\_\_\_

Building Permit Fee \_\_\_\_\_

**SECTION 7a — OWNER AUTHORIZATION — TO BE COMPLETED WHEN OWNERS 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.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

**SECTION 7b — OWNER/AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner/Authorized Agent  
hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my  
knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name \_\_\_\_\_

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

Signature of Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_

Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c. 142A)

**If the Homeowner is the Applicant:**

**Notice:** The homeowner has indicated on the application form that they are acting as their own contractor and waive the Contractor Supervisor License and the Home Improvement Contractor Registration. The homeowner further understands that they are not eligible for the guaranty fund as provided by MGL c. 142A.

**SECTION 7c****THIS SECTION FOR OFFICIAL USE ONLY**

Approved by \_\_\_\_\_

Fire Department \_\_\_\_\_

Date \_\_\_\_\_

Board of Health \_\_\_\_\_

Date \_\_\_\_\_

Inspector of Buildings \_\_\_\_\_

Date \_\_\_\_\_