

Town of Holliston Building Department
703 Washington Street
Holliston, MA 01746
Phone: 508-429-0606
Fax: 508-429-0639

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, DEMOLISH A RESIDENTIAL BUILDING

SECTION 1: PROPERTY ADDRESS: _____

SECTION 2: PROPOSED WORK (Brief Description) _____

_____ (check all applicable)
_____ New Construction _____ Existing Building _____ Repair _____ Alteration _____ Addition _____ Demolition
_____ Accessory Building _____ Other, Specify: _____

SECTION 3: APPLICANT INFORMATION

Owner of Record: _____ Phone _____
Address _____

Authorized Agent/Contractor: _____ Phone _____
Address _____

Licensed Construction Supervisor: _____ Phone _____
Company Name _____ License Number _____
Address _____ Expiration Date _____

Registered Home Improvement Contractor: _____ Phone _____
Company Name _____ Registration Number _____
Address _____ Expiration Date _____

SECTION 4: AUTHORIZATION / DECLARATION

OWNER AUTHORIZATION: TO BE COMPLETED WHEN OWNER'S AGENT APPLIES FOR BUILDING PERMIT
OWNER'S AGENT MUST BE A LICENSED CONTRACTOR AND REGISTERED HOME IMPROVEMENT CONTRACTOR

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 _____

OWNER/AUTHORIZED AGENT DECLARATION: TO BE COMPLETED ON ALL APPLICATIONS

I, _____, as Owner/Authorized Agent hereby declare that the statements and
(please print)
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.

Signature of Owner/Agent _____ Date _____

SECTION 5: INSURANCE COVERAGE (M.G.L.c.152, Sec. 25C(6))

I (the contractor) have a current liability insurance policy or its equivalent. (check one) Yes No
 If you checked yes, please indicate the type of coverage. (check one) Workers Compensation Liability Other
 If you checked no, please have the following waiver signed by the owner/owner's agent:

OWNER'S INSURANCE WAIVER: I am aware that the licensee does not have the insurance coverage required by chapter 152 of the Mass. General Laws, and that my signature on this permit application waives this requirement.

Signature of Owner or Owner's Agent _____ (check one) Owner Agent

SECTION 6: ESTIMATED COSTS / PERMIT FEE

| ESTIMATED CONSTRUCTION COSTS | BUILDING PERMIT FEE CALCULATION |
|-------------------------------|---|
| 1. Building..... \$ _____ | (a) Building / Mechanical / Fire Protection Estimate (by thousands rounded up to the nearest thousand) \$ _____ |
| 2. Electrical..... _____ | |
| 3. Plumbing..... _____ | |
| 4. Mechanical..... _____ | |
| 5. Fire Protection..... _____ | (b) Fee Multiplier x _____ 10 (\$10 per \$1,000 or part thereof) |
| 6. TOTAL..... \$ _____ | BUILDING PERMIT FEE (a)x(b)* \$ _____ <i>* \$ 50.00 minimum</i> |

| THIS SECTION FOR OFFICE USE ONLY | | | | | | | | | |
|--|----------------|---------------------------|-------------------------------|--------------------------|----------------|-------------------------------|-------------------|----------------------------------|--|
| Assessor's Sheet _____ | | Block _____ | | Lot _____ | | Area (sq ft) _____ | | Zoning District _____ | |
| Water Supply (M.G.L.c.40, Sec. 54) | | | Flood Zone Information | | | Sewage Disposal System | | | |
| Public _____ | | Private _____ | | Zone _____ | | Outside Zone _____ | | On Site _____ Municipal _____ | |
| Front Yard Setback | | Side Yards Setback | | Rear Yard Setback | | Frontage | | | |
| Required _____ | Provided _____ | Required _____ | Provided _____ | Required _____ | Provided _____ | Required _____ | Provided _____ | | |
| APPROVAL | | | | | | | | | |
| Building Permit Number _____ | | | | Date Issued _____ | | | Fee Pd. _____ | | |
| Approved By: _____, Inspector of Buildings | | | | | | | | | |
| DENIAL | | | | | | | | | |
| Reason For Denial: _____ | | | | | | | Date Denied _____ | | |
| Denied By: _____, Inspector of Buildings | | | | | | | | | |
| COMPLIANCE | | | | | | | | | |
| Compliance Certificate Number _____ | | | | Date Issued _____ | | | Fee Pd. _____ | | |
| Approved By: _____, Inspector of Buildings | | | | | | | | | |