

Application to Construct, Repair, Renovate, Change the Use or Occupancy of, or Demolish a One or Two Family Dwelling

This Section For Official Use Only

Application Number: 17-01002	Date Applied: June 19, 2017	Permit Number: RG-2017-00257	Building Official: _____
--	---------------------------------------	--	------------------------------------

Applicant Information

Company Name:	Westwood Associates	Name	_____				
Phone	(XXX) XXX-XXXX	Email	_____				
Address	PO Box 250	City	Shrewsbury	State	MA	Zip	01545
Signature (type name)	_____						

SECTION 1: SITE INFORMATION

1.1 Property Address: 7 STAGECOACH CIRCLE, WESTBOROUGH MA 01581 Street Address 1.1a Is this an accepted street? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1.2 Assessors Map & Parcel Numbers: 27-59-9 Parcel ID																		
1.3 Zoning Information: BUS Zoning District Proposed Use	1.4 Property Dimensions: 0 0 Lot Area (Sq Ft) Frontage (ft)																		
1.5 Building Setbacks (ft)																			
<table><tr><th colspan="2">Front Yard</th><th colspan="2">Side Yard</th><th colspan="2">Rear Yard</th></tr><tr><td>Required</td><td>Provided</td><td>Left/Right Required</td><td>Left/Right Provided</td><td>Required</td><td>Provided</td></tr><tr><td>0</td><td>0</td><td>0 / 0</td><td>0 / 0</td><td>0</td><td>0</td></tr></table>		Front Yard		Side Yard		Rear Yard		Required	Provided	Left/Right Required	Left/Right Provided	Required	Provided	0	0	0 / 0	0 / 0	0	0
Front Yard		Side Yard		Rear Yard															
Required	Provided	Left/Right Required	Left/Right Provided	Required	Provided														
0	0	0 / 0	0 / 0	0	0														
1.6 Water Supply (M.G.L. § 54): <input type="checkbox"/> Public <input type="checkbox"/> Private	1.7 Flood Zone Information: Zone: _____ <input type="checkbox"/> Check if outside zone	1.8 Sewage Disposal System: <input type="checkbox"/> Municipal <input type="checkbox"/> On Site																	

SECTION 2: PROPERTY OWNERSHIP INFORMATION¹

2.1 Owner¹ of Record: FIFTH CP REALTY TRUST Name (Print) PO BOX 250 No. and Street	SHREWSBURY City (XXX) XXX-XXXX Phone	MA State Email Address	01545 Zip
--	---	----------------------------------	--------------

SECTION 3: DESCRIPTION OF PROPOSED WORK² (Please select one item below)

Edition of MA State Code:

<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Two Family	<input type="checkbox"/> Townhouse	<input type="checkbox"/> Addition	<input checked="" type="checkbox"/> Alteration
<input type="checkbox"/> Roofing/Siding/Windows	<input type="checkbox"/> Pool/Spa	<input type="checkbox"/> Photovoltaic/Renewable Energy	<input type="checkbox"/> Demolition (Interior, Partial, Total)	
<input type="checkbox"/> Accessory Structure (Shed, Deck, Pergola, Detached Garage)		<input type="checkbox"/> Repairs	<input type="checkbox"/> OtherSpecify:	

Brief Description of Proposed Work²:

construct screened porch under existing sunroom and finish 500 ft of basement with a full bathroom

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ 15,000.00	Building Permit Fee = Total Construction Cost x 1%. Note: Minimum Fee \$30. Additional fees may apply. Total Construction Cost (from Item 6) = \$18,500.00 Estimated building permit fee: \$190.00
2. Electrical	\$ 1,000.00	
3. Plumbing	\$ 2,000.00	
4. Mechanical (HVAC)	\$ 500.00	
5. Fire Protection	\$ 0.00	
6. Total Project Cost	\$ 18,500.00	

SECTION 5: CONSTRUCTION SERVICES**5.1 Construction Supervisor License (CSL)** ☐ Not Applicable

Thomas Ohman

Name of CSL Holder

8 Vineland Street

No. and Street

Worcester

MA

01604

City/Town

State

Zip

(XXX) XXX-XXXX

Telephone

Email address

CS 096384

2018-06-30

License Number

Expiration Date

List CSL Type (see below)

Type

Description

☐ U

Unrestricted (Building 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) ☐ Not Applicable

HIC Company Name or HIC Registrant Name

No. and Street

City/Town

(XXX) XXX-XXXX

State

Zip

Telephone

0000-00-00

HIC Registration Number

Expiration Date

Email address

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152. § 25(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 7: OWNER¹ OR AUTHORIZED AGENT DECLARATION**

I, as Owner/Authorized Agent, declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and abilities. I sign under the pains and penalties of perjury.

June 19, 2017

Owner's or Authorized Agent's Signature ☐ Owner ☐ Agent

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 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 and Construction Supervisor Licensing (CSL) can be found in 780 CMR Regulations 110.R6 and 110.R5, respectively.

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

Total floor area (Sq Ft):	0	Habitable room count:	0
(including garage, finished basement/attics, decks or porch)		Number of bedrooms:	0
Gross Living area (Sq Ft):	0	Number of half/bath:	0
Number of fireplaces:	0	Number of decks/porches:	0
Number of bathrooms:	0	Enclosed:	0
		Open:	0
Type of heating system:			
Type of cooling system:			

3. "Total Project Square Footage" may be substituted for "Total Project Value"