



OFFICE OF THE INSPECTOR OF BUILDINGS

Town Of GREENFIELD, MASSACHUSETTS

Town Hall, Greenfield, Mass, 01301

(413) 772-1404

Fax: (413) 772-1521

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE CHANGE THE USE OR OCCUPANCY OF OR DEMOLISH ANY BUILDING OTHER THAN A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: _____ **Date Issued:** _____

Signature: _____ **Date:** _____
Building Commissioner/Inspector of Buildings

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____

1.2 Assessors Map & Parcel Number:

Map Number _____ Parcel Number _____

1.3 Zoning Information

1.4 Property Dimensions:

Zoning District _____ Proposed Use _____

Lot Area (sf) _____ Frontage (ft) _____

1.6 Building Setbacks (ft)

Front Yard

Side Yards

Rear Yard

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
		/	/		

1.7 Water Supply (MGL c. 40, § 54)

Public Private

1.5 Flood Zone Information:

Zone Outside Flood Zone

1.8 Sewage Disposal System:

Municipal On site disposal system

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record

Name: (Print) _____ Address : _____

Signature: _____ Telephone: _____

2.2 Authorized Agent

Name: (Print) _____ Address : _____

Signature: _____ Telephone _____

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 (MGL 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 - PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES - FOR BUILDINGS AND STRUCTURES SUBJECT TO CONSTRUCTION CONTROL PURSUANT TO 780 CMR 116 (CONTAINING MORE THAN 35,000 C.F. OF ENCLOSED SPACE)

5.1 Registered Architect:

_____	Not Applicable
Name (Registrant)	_____
_____	Registration Number
Address	_____
_____	Expiration Date
Signature _____ Telephone _____	

5.2 Registered Professional Engineer(s):

_____	_____	Area of Responsibility
Name (Registrant)		_____
_____		Registration Number
Address		_____
_____		Expiration Date
Signature _____ Telephone _____		

_____	_____	Area of Responsibility
Name (Registrant)		_____
_____		Registration Number
Address		_____
_____		Expiration Date
Signature _____ Telephone _____		

_____	_____	Area of Responsibility
Name		_____
_____		Registration Number
Address		_____
_____		Expiration Date
Signature _____ Telephone _____		

_____	_____	Area of Responsibility
Name		_____
_____		Registration Number
Address		_____
_____		Expiration Date
Signature _____ Telephone _____		

_____	Not Applicable
5.3 General Contractor	
Company Name _____	

Responsible in Charge of Construction	

Address	

Signature _____ Telephone _____	

SECTION 6 - DESCRIPTION OF PROPOSED WORK (check all applicable)			
New Construction	Existing Building	Repairs(s)	Alteration(s)
Accessory Bldg	Demolition	Other	Specify: _____
Brief Description of Proposed Work			

SECTION 7 - USE GROUP AND CONSTRUCTION TYPE:	CONSTRUCTION TYPE
USE GROUP (Check as Applicable)	
A Assembly A-1 A-2 A-3 A-4 A-5	1A 1B
B Business	2A
E Educational	2B
F Factory F-1 F-2	2C
H High Hazard	3A
I Institutional I-1 I-2 I-3	3B
M Mercantile	4
R Residential R-1 R-2 R-3	5A
S Storage S-1 S-2	5B
U Utility Specify:	
M Mixed Use Specify:	
S Special Use Specify:	
COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS, ADDITIONS AND/OR CHANGE IN USE	
Existing Use Group: _____	Proposed Use Group: _____
Existing Hazard Index (780 CMR 34): _____	Proposed Hazard Index (780 CMR 34): _____

SECTION 8 BUILDING HEIGHT AND AREA		
BUILDING AREA	Existing (if applicable)	Proposed
Number of Floors or stories include basement levels		
Floor Area per Floor (sf)		
Total Area (sf)		
Total Height (ft)		

SECTION 9 - STRUCTURAL PEER REVIEW (780 CMR 110.11)		
Independent Structural Engineering Structural Peer Review Required	Yes	No

SECTION 10a - 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	
Signature of Owner	Date

SECTION 10b - 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)

(Signature of Owner/Agent)

(Date)

SECTION 11 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only	
		(a) Building Permit Fee multiplier	
1. Building			
2. Electrical		(b) Estimated Total Cost of construction from (6)	
3. Plumbing		Building Permit Fee (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = 1 + 2 + 3 + 4 + 5)		Check Number	

SECTION 12 - SELECTED CHARACTERISTICS OF THE BUILDING

FOUNDATION	SIDING	SEWAGE DISPOSAL	ROOFING	OFF STREET PARKING
<input type="checkbox"/> Crawl space	<input type="checkbox"/> Clapboard	<input type="checkbox"/> Public	<input type="checkbox"/> Asphalt Shingles	<input type="checkbox"/> Enclosed
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Shingles	<input type="checkbox"/> Private	<input type="checkbox"/> Slate	<input type="checkbox"/> Outdoors
<input type="checkbox"/> Full Placed Concrete	<input type="checkbox"/> Board and Batten		<input type="checkbox"/> Metal	
<input type="checkbox"/> Block	<input type="checkbox"/> T-1-11	WATER SUPPLY	<input type="checkbox"/> Membrane	RESIDENTIAL ONLY
<input type="checkbox"/> Wood	<input type="checkbox"/> Other, Specify _____	<input type="checkbox"/> Public	<input type="checkbox"/> Other	<input type="checkbox"/> # Bedrooms
<input type="checkbox"/> # of Finished Rooms _____		<input type="checkbox"/> Private		<input type="checkbox"/> # Half Baths
			DIMENSIONS	<input type="checkbox"/> # Full Baths
PRINCIPAL TYPE OF FRAME	<input type="checkbox"/> Other, Specify _____	MECHANICAL	<input type="checkbox"/> # of Stories _____	<input type="checkbox"/> # Kitchen Sinks
<input type="checkbox"/> Masonry		CENTRAL AIR	<input type="checkbox"/> Sq Ft Floor Area _____	<input type="checkbox"/> # Dishwashers
<input type="checkbox"/> Wood		CONDITIONING	<input type="checkbox"/> Habitable Space _____	<input type="checkbox"/> # Clothes Washers
<input type="checkbox"/> Structural Steel		Yes No	<input type="checkbox"/> Total Land Area _____	<input type="checkbox"/> # Basement Sink
<input type="checkbox"/> Reinforced Concrete		PASSENGER ELEVATOR		<input type="checkbox"/> # Sill Cock
		Yes No		<input type="checkbox"/> # Garbage Disposer
				<input type="checkbox"/> # Fireplace
PRINCIPAL TYPE OF HEAT		<input type="checkbox"/> # Stories _____	<input type="checkbox"/> Type of Building _____	
<input type="checkbox"/> Gas	<input type="checkbox"/> Hot Air	<input type="checkbox"/> Height _____	<input type="checkbox"/> Number of Dwelling Units _____	
<input type="checkbox"/> Oil	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Length _____	<input type="checkbox"/> Width _____	
<input type="checkbox"/> Electric	<input type="checkbox"/> Baseboard			
<input type="checkbox"/> Coal	<input type="checkbox"/> Heat Pump			
<input type="checkbox"/> Wood				
Other, Specify: _____		UTILITY	RELEASED BY	
		<input type="checkbox"/> Electric	_____	
		<input type="checkbox"/> Gas	_____	
		<input type="checkbox"/> Telephone	_____	
		<input type="checkbox"/> Water & Sewer	_____	
		<input type="checkbox"/> Dept. of Labor & Industries	_____	
		<input type="checkbox"/> Lead and Asbestos	_____	