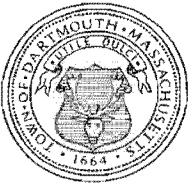


RESIDENTIAL

Phased Approval (R106.3.3)

\$25.00 APPLICATION FEE IS NON RE-FUNDABLE & NON-TRANSFERABLE



DARTMOUTH BUILDING DEPARTMENT

400 Slocum Road, P.O. Box 79399
Dartmouth, MA 02747
Phone: 508-910-1820 Fax: 508-910-1838
www.town.dartmouth.ma.us

DATE RECEIVED _____

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

THIS SECTION FOR OFFICIAL USE ONLY

RECEIVED BY: _____

BUILDING PERMIT NUMBER: _____

DATE ISSUED: _____

SIGNATURE: _____
Building Commissioner/Inspector of Buildings

DATE: _____

Zoning District: _____ Proposed Use: _____ Zone: X B A V Aquifer Zone: _____

THE FOLLOWING AGENCIES SHOULD BE NOTIFIED:

- Board of Appeals
- Board of Health
- Cons. Commission
- Demo Affidavit
- DPW Card Sent: _____
- Elec. Cut Off
- Energy Report Follow-up*
- Fire Chief
- Gas Cut Off
- Planning Board
- Sewer Card Cut Off
- Water Card Cut Off
- Zoning
- Other

***REQUIRES INSPECTOR'S REVIEW BEFORE THE ISSUANCE OF A PERMIT.**

DEPARTMENTAL APPROVAL

Board of Health: Signature: _____ Date: _____

Conservation Commission: Signature: _____ Date: _____

Other: Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Brief description of work being performed: _____

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____

1.2 Assessors Map & Lot Number: _____

Lot Area (sf.) _____ Frontage _____
Required Provided

Map _____ Lot _____ - _____

Front Yard	_____	_____
Side Yard	_____	_____
Rear Yard	_____	_____

1.3 Historical District Yes No

Year Built _____

Altering more than 25% per side of building

1.4 Water Supply (MGL c40 s54):
 Municipal Private Well

1.5 Sewage Disposal System:
 Municipal On Site Disposal System

Has application been submitted to the Historic Commission?
 Yes No Date: _____

Revised 10/11

CONSTRUCTION PLANS SITE PLAN ENERGY REPORT

RESIDENTIAL

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner Record:

Name (print) _____

Contact Address _____

Phone Number _____

2.2 Authorized Agent:

Name (print) _____

Contact Address _____

Phone Number _____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor/Specialty License:

License Number: _____

Company Name/Contractor Name: _____

Address: _____

Expiration Date: _____

Signature: _____

Telephone: _____

3.2 Homeowner Exemption - One & Two Family Only Section 110.R5.1.3.1 Exception:

FOR HOMEOWNERS WHO INTEND TO PERFORM AND BE RESPONSIBLE FOR THEIR OWN PROJECT

Exception: Any Homeowner performing work for which a Building Permit is required shall be exempt from the provisions of this section; provides that if a Homeowner engages a person(s) for hire to do such work, that such Homeowner shall act as supervisor.

For the purposes of this section only, a "Homeowner" is defined as follows: Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a Homeowner.

If you are applying under this section sign below:

Signature: _____

SECTION 4 - WORKER'S COMPENSATION INSURANCE AFFIDAVIT (MGL c 152 § 25)

Worker's 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 - DESCRIPTION OF PROPOSED WORK (Check all applicable)

- | | | | | | |
|--|--|--|---|--|---|
| <input type="checkbox"/> Deck | <input type="checkbox"/> Pool | <input type="checkbox"/> Repairs | <input type="checkbox"/> Alteration | <input type="checkbox"/> Chimney/Fireplace | <input type="checkbox"/> Woodstove/Pellet Stove |
| <input type="checkbox"/> New Construction*
(Energy report required) | <input type="checkbox"/> Accessory Bldg.
(Shed/Garage) | <input type="checkbox"/> Roofing/Siding | <input type="checkbox"/> Other
(Specify below) | | |
| <input type="checkbox"/> Addition
(Energy report required) | <input type="checkbox"/> Replacement window/door
No. of windows ____ Doors ____ | <input type="checkbox"/> Demolition
(Specify below) | | | |

*If new construction, please complete the following:

Single Family: No. of Bedrooms _____ No. of Baths _____

Two Family: No. of Bedrooms Unit 1 _____ No. of Baths Unit 1 _____
No. of Bedrooms Unit 2 _____ No. of Baths Unit 2 _____

- Furnace (hot air) - fuel gas (natural or propane), fuel oil, electricity, other (specify): _____
- Boiler (heating) - fuel gas (natural or propane), fuel oil, electricity, other (specify): _____
- HVAC (combined unit) - primary fuel, natural gas, propane, electricity, other (specify): _____
- Air conditioning - (separate unit)
- None of the above to be provided
- Hot Water: Gas _____ Electric _____ Fuel Oil _____ Other _____

