

One and Two Family Dwelling Building Permit Application

This application is for the construction, repair, renovation or demolition of a **One or Two Family Dwelling** or its related accessory buildings **ONLY!**

All other types of buildings must use the **“Other Than”** One or Two Family Dwellings application.

The application presented here for your convenience.

The actual application is a three-part legal size form.

When submitting this form you must:

Submit three completed copies on legal size paper (8 ½ x 14”).

No other format will be accepted.

Original forms may be obtained by visiting the Building Department Office during regular business hours or by requesting a copy by mail.

To receive copies by mail call 413-436-9312 ext. 262

Leave your name and mailing address.



The Commonwealth of Massachusetts State Board of Building Regulations and Standards
Massachusetts State Building Code 780 CMR



Town of **HOLLAND**
Permit # _____

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

DO NOT WRITE IN SHADED AREA - This Section For Official Use Only

Approved _____ Date _____

Rejected _____ Date _____ Reason: _____

Signature/Building Commissioner _____

Date _____

SECTION 1 - SITE INFORMATION

1.1 Property Address: _____ House Number _____

Street Name _____

1.2 Assessors Map, Block & Parcel Number: _____

Map Number _____ Block _____ Parcel Number _____

1.3 Zoning Information: _____

Zoning District _____ Proposed Use _____

1.4 Property Dimensions: _____

Lot Area _____ Frontage (feet) _____

1.5 Building Setbacks (ft)

Front Yard _____

Required _____ Provided _____

1.7 Flood Zone Information:

Zone: _____

Outside Flood Zone

1.8 Sewage Disposal System:

Municipal

On-site disposal

SECTION 2 - PROPERTY OWNERSHIP/AGENT

Property Owner:

Name (Print) _____

Mailing Address: _____

Signature _____ Telephone _____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

License Holders Name (See Notes below) _____

Address _____

City/State/Zip _____

Signature _____

CSL Type
(See Notes Below)

License Number _____

Expiration Date _____

Telephone _____

3.2 Registered Home Improvement Contractor

Company Name _____

Address _____

City/State/Zip _____

Signature _____

Registration Number _____

Expiration Date _____

Telephone _____

NOTES:
Home Owner Contractor - Enter "OWNER" in Section 3.1 and attach 'Home Owner Exemption Agreement Form'.

CSL License Types: **U** - Unrestricted (up to 35,000 Cu. Ft.), **R** - Restricted 1 & 2 Family Dwelling, **M** - Masonry Only, **RC** - Residential Roofing, **WS** - Residential Window & Siding, **SF** - Residential Solid Fuel Burning Appliance Installation, **D** - Residential Demolition.

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 - DESCRIPTION OF PROPOSED WORK (check all applicable)

- New Construction Existing Building Repair(s)
- Alteration Addition Accessory Bldg.
- Demolition Other (specify) _____

Brief Description of Proposed Work: _____

SECTION 6a - OWNER AUTHORIZATION - TO BE COMPLETED BY OWNER WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR 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 6b - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized Agent/Contractor 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/Contractor _____ Date _____

DO NOT WRITE IN SHADED AREA - Official Use Only

Cost Estimate: Gross Area * Cost Factor = Const. Cost

Residential: _____ * _____ = _____

Basement (insul.): _____ * _____ = _____

Garage _____ * _____ = _____

Porch _____ * _____ = _____

Deck _____ * _____ = _____

Accessory/Etc: _____ * _____ = _____

Construction Cost * Fee Multiplier = \$ Permit Fee

Amount Paid _____ Check # _____