



Town of Maynard
Office of Municipal Services
Municipal Building
195 Main Street
Maynard, MA 01754
Tel: (978) 897-1302 Fax: (978) 897-8489
www.townofmaynard-ma.gov

<i>Approved by</i> _____
<i>Date</i> _____
<i>Permit #</i> _____
<i>Fee</i> _____
<i>Check #</i> _____

APPLICATION FOR BUILDING PERMIT

Application is made pursuant to 780 CMR, Sec. 105.0 & R105.0 of the Massachusetts State Building Code, 8th Ed.

Property Information

Street Address _____
Zoning District _____ Map _____ Lot _____ Lot Size _____ Frontage _____

Owner Information

Name _____ Phone _____
Mailing Address _____ Zip Code _____

Contractor Information

Contractor _____ Phone _____
Address _____ Zip Code _____
Company Name _____ HIC Reg. # _____ Exp. Date _____
Construction Supervisor's License # _____ Exp. Date _____
Architect/Engineer _____ Phone _____
Type of License(s) _____ # _____ Exp. Date _____

Nature of Improvement

- | | | | | |
|---------------------------------------|---|--|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Repair/Replacement | <input type="checkbox"/> Solar Panels | <input type="checkbox"/> Sign | <input type="checkbox"/> Pool (In-ground) |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Relocation | <input type="checkbox"/> Fireplace/Chimney | <input type="checkbox"/> Demolition | <input type="checkbox"/> Pool (Above) |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Change of Use | <input type="checkbox"/> Woodstove/Furnace | <input type="checkbox"/> Tent or Temp. Struct. | <input type="checkbox"/> Foundation Only |

Explain _____

Proposed Use Group

- | | | | | |
|--------------------------------------|---|-------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Business | <input type="checkbox"/> Mercantile | <input type="checkbox"/> Educational | <input type="checkbox"/> Factory |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Utility/ Misc. | <input type="checkbox"/> Storage | <input type="checkbox"/> Institutional | <input type="checkbox"/> Mixed |

Explain _____

Building Type 1A _____ 1B _____ 2A _____ 2B _____ 3A _____ 3B _____ 4 _____ 5A _____ 5B _____

Value of Improvement \$ _____

Dimensions of Improvement: Width _____ ft. Length _____ ft. Height _____ ft. _____ # Stories

Living Area:	Bsmnt _____ sq. ft.	1 st Flr _____ sq. ft.	2 nd Flr _____ sq. ft.	3 rd Flr _____ sq. ft.
Non-Living Area:	Bsmnt _____ sq. ft.	1 st Flr _____ sq. ft.	2 nd Flr _____ sq. ft.	3 rd Flr _____ sq. ft.
Decks:	Bsmnt _____ sq. ft.	1 st Flr _____ sq. ft.	2 nd Flr _____ sq. ft.	3 rd Flr _____ sq. ft.
Porch / Sunroom:	Bsmnt _____ sq. ft.	1 st Flr _____ sq. ft.	2 nd Flr _____ sq. ft.	3 rd Flr _____ sq. ft.
Accessory Bldg:	Bsmnt _____ sq. ft.	1 st Flr _____ sq. ft.	2 nd Flr _____ sq. ft.	3 rd Flr _____ sq. ft.

Complete Application Received By: _____ Date: _____
Application Denied By: _____ Date: _____
Reason: _____

Description of Improvement:

Structural Frame: Steel _____ Masonry _____ Concrete _____ Wood _____ Other _____

Explain: _____

Foundation Type: _____ Min. Depth from Grade _____ in.

Heat: Gas _____ Oil _____ Electric _____ Wood _____ Other _____

Type of **Insulation** _____ R-Values: Floors _____ Walls _____ Ceiling _____

Type of **Vapor Barrier** _____ Perm Rating _____

New Bedrooms _____ Existing Bedrooms _____ Kitchens _____ Bathrooms _____

Off Street Parking Spaces: Required _____ Spaces Provided _____

Is any aspect of your project (including grading/landscaping) within:

- 100 Feet of a Wetland? _____ Yes _____ No

- 200 Feet of a perennial stream or river? _____ Yes _____ No

Have you secured a Permit or Determination from the Conservation Comm.? _____ Yes _____ No _____ N/A

Do you have a Storm Water Management Plan? _____ Yes _____ No _____ Not Applicable

Debris Disposal:

Debris resulting from this work **shall** be disposed of at: _____,
which is a properly licensed solid waste disposal facility as required by MGL, C 111, S 150A.

Workers' Compensation: Policy # _____ Insurance Co. _____

Affidavit must be attached, if there is no Workers' Compensation.

THE FOLLOWING ATTACHMENTS MUST BE SUBMITTED WITH THIS APPLICATION FOR IT TO BE CONSIDERED COMPLETE (When Appropriate to the Proposal):

- Site Plan – Locating existing and proposed structures, utilities, topography and wetlands within 200'
- 2 Sets of dimensioned or scaled floor plans, showing layout, egress paths, doors, windows, and room use
- 2 Sets of dimensioned or scaled building plans, including all structural elements, foundations, framing, insulation, ventilation, sheathing, wall covering, ceiling heights, and roof covering
- Energy Conservation Compliance Report
- Engineer stamped Plans/Calculations for pre-engineered components
- Notice of Decision by ZBA or Conservation Commission as Filed with the Registry of Deeds (Bk & Pg).
- Storm Water Management Plan
- Homeowner License Exemption Affidavit, when homeowner is filing as Contractor

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: _____ **Date** _____

Signature: _____