

**BUILDING PERMIT APPLICATION
MINOR STURCTURAL WORK**

Fee _____

Check # _____

TOWN OF OAK BLUFFS

Building Department

P.O. BOX 1327, Oak Bluffs, MA 02557

BLDG. DEPT: (508) 693-3554 X 121, 122, 123

Permit # BP- _____

FAX: (508) 693-5375

Date ____/____/____

This information is **REQUIRED** before application will be accepted for processing

MAP - & - PARCEL

ZONE

ASSESSOR

Owners Name _____ **Address** _____ **Phone** _____ **Email** _____

Applicant Name _____ **Address** _____ **Phone** _____ **Email** _____

Project Address _____ **Contact Person/Phone** _____

USE THIS APPLICATION FOR MINOR STRUCTURAL WORK THAT MAY BE ASSOCIATED WITH EXPRESS PERMITTED WORK, (ROOFING, SIDING, ETC.). STRUCTURAL WORK PERMITTED WITH THIS APPLICATION CAN NOT CHANGE THE HEIGHT, FOOTPRINT OR USE OF THE EXISTING STRUCTURE, AND SHOULD QUALIFY AS A REQUIRED REPAIR OR UPGRADE. MINIMUM FEE \$150.00

DESCRIPTION OF WORK (Check all that apply)

Repair Alteration Upgrade

☐ Replace Windows # _____ ** ☐ Replace Doors # _____ Egress Doors Y- N # _____

☐ Replace Decking ☐ Re-Siding # of squares _____ ☐ Re-Roof # of squares _____ ☐ Stripping old shingles. (SEE DISPOSAL)

☐ Replace or Add A Roof Over Existing Steps, Porch, Landing, etc., that does not exceed 100 S.F.

☐ Other _____ Describe, (Use Back if Necessary)

****Describe locations and sill heights of replacement windows. (I.e., Bedrooms, stairways, etc.).**

(Use Back if Necessary)

DATE STAMPS:

Application Processing Fee or Permit Fee must be Paid Prior to Application Review & Processing.
PROJECT SITE MUST BE CLEARLY IDENTIFIED WITH MAP & LOT NUMBERS VISIBLE FROM THE STREET

Please Use This Page For Descriptions Requested on The Front:

TOWN OF OAK BLUFFS DEPARTMENT OF BUILDING INSPECTION
AND ZONING ENFORCMENT

AFFIDAVIT

As a result of the provisions of MGL c 40, Section 54, I acknowledge that as a condition of an approved Building Permit all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, Section 150A and further certify that I will notify the Building Official within seven days of the location of the solid waste disposal facility where debris resulting from said construction activity shall be disposed of, and I shall submit the appropriate form for the attachment to the Building Permit.

Name of Applicant: _____ Phones: HM _____ CELL _____

(PLEASE PRINT)

Signature of Applicant: _____ Date ____/____/____

Name of Solid Waste Disposal Facility

Address

BUILDING OFFICIAL APPROVAL _____ **DATE** ____/____/____

Commonwealth of Massachusetts State Board of Building Regulations and Standards
Massachusetts State Building Code 780 CMR Referenced on This Form

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

This Section for Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____
Building Commissioner/Inspector of Buildings Date

Section I - SITE INFORMATION THIS FORM MUST BE COMPLETE !!! 2 PAGES

1.1 Property Address: _____ 1.2 Assessors Map & Parcel Number: _____
M P

1.3 Zoning Information 1.4 Property Dimensions
Zoning District _____ Proposed Use _____ Lot Area (SF) _____ Frontage (LF) _____

1.6 Building Setbacks (LF)
Front Yard Side Yards Rear Yard
Required Provided Required Provided Required Provided
| | | | | |

1.7 Water Supply (M.G.L. c. 40 s 54) 1.5 Flood Zone Information 1.8 Sewage Disposal System
Public _____ Private _____][Zone: _____ Outside Flood Zone _____][Municipal _____ On site Septic 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 Required for all New Construction
Name _____ License Number _____ Expires _____
(PRINT)
Address _____ Phone _____ Signature _____

3.2 Registered Home Improvement Contractor Required for all Work on Occupied Dwellings
Company Name _____ Registration # _____ Expires _____
(PRINT)
Address _____ Phone _____ Signature _____

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

DESCRIPTION OF WORK (Check all that apply)**New Construction****Existing Building****Accessory Building****Demolition**

S.F.D. _____

Repair _____

Garage _____

Residential _____

M.F.D. _____

Alteration _____

Shed _____ Size _____

Commercial _____

Commercial _____

Addition _____

Other _____

Other _____

Brief Description of Proposed Construction

PRINT CLEARLY

No. of Exist. Bedrooms _____ New Bedrooms _____ Gross Sq. Ft. of New Construction / Renovated Area _____

ESTIMATED CONSTRUCTION COSTS

Estimated costs in Dollars Please complete All

For Municipality Use

Foundation _____

Building: _____ (Water tight Frame) _____

Electrical _____

Plumbing _____

Mechanicals _____ (HVAC) _____

Total (Add all above) → _____

Total Square Feet: _____

Minimum Building Permit Fee: _____

Calculations: _____

Total Permit Fee _____

Check # _____

OWNER AUTHORIZATION *TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT*I, _____, as owner of the subject property hereby authorize
(PRINT)_____ to act on my behalf in all matters relative to the
(PRINT)
proposed work described and applied for on this application.

Signature of Owner (PRINT) _____ Date ____/____/____

OWNER / AUTHORIZED AGENT DECLARATIONI, _____ as Owner Authorized Agent hereby declare that the
statements and information on the foregoing permit application are True and Accurate to the best of my knowledge
and belief.

Signed under pains and penalties of perjury. _____ Date ____/____/____

