TOWN OF SHERBORN
Building Department
19 Washington Street
Sherborn, MA 01770
(508) 651-7870 phone
(508) 655-7037

Henry L. Fontaine, C.B.O
Building Commissioner
Zoning Code Enforcement
inspector@sherbornma.org

BUILDING PERMIT APPLICATION TO CONSTRUCT REPAIR, RENOVATE, OR DEMOLISH A *ONE- OR TWO-FAMILY DWELLING*[1]

SECTION 1: SITE INFORMATION

Applicable to all permit applications:
PROPERTY ADDRESS: _____

Applicable to new construction and additions:
ZONING DISTRICT: _____ **PROPOSED USE:** _____

LOT AREA (square feet): _____ **FRONTAGE (feet):** _____

BUILDING SETBACKS (feet): Front yard: _____ Side yards: _____ Rear yard: _____

Applicable to new construction only:
ASSESSORS MAP AND PARCEL NUMBERS: Map: _____ Parcel: _____

WATER SUPPLY (check one): ☐ Public ☐ Private **FLOOD ZONE:** Zone:_____If outside, check here ☐

SECTION 2: PROPERTY OWNERSHIP

OWNER NAME (PRINT): _____

OWNER ADDRESS: _____ _____
No. and Street City, State, ZIP

OWNER CONTACT: _____ _____
Telephone number Email Address

SECTION 3: DESCRIPTION OF PROPOSED WORK *(check all that apply)*

New Construction ☐	Existing Building ☐	Owner-Occupied ☐	Repair(s) ☐	Alteration(s) ☐	Addition ☐
Demolition ☐	Accessory Building ☐	Number of Units: _____		Other ☐ Specify: _____	

DESCRIPTION OF PROPOSED WORK: _____

_____

_____

_____

[1] All sections must be completed for all permit applications, with the exception of those listed in Section 1.

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	OFFICIAL USE ONLY
1. Building	$	Building Permit Fee: $_____Indicate how fee is determined:
2. Electrical	$	☐ Standard City/Town Application Fee/Minimum Fee (see fee sched.)
3. Plumbing	$	☐ Total Project Cost (Item 6) x multiplier_____x $0.010
4. Mechanical (HVAC)	$	Other Fees: $_____List: _____
5. Mechanical (Fire Suppression)	$	Total All Fees: $ _____
6. **TOTAL PROJECT COST**	$	***All payments to be submitted through the Town of Sherborn's Collector's office. Please attach a receipt with the application package***

SECTION 5: CONSTRUCTION SERVICES

Construction Supervisor License (CSL) Information

_____
Name of CSL Holder

_____
No. and Street Name

_____
City / Town, State, ZIP

_____ _____
Telephone Number Email Address

_____ _____
License Number Expiration Date

CSL Designation (check all that apply):
☐ CS (unrestricted) ☐ CSFA (one- and two-family)
☐ 1A (masonry) ☐ RF (roofing) ☐ SF (solid fuel)
☐ WS (windows, siding, doors) ☐ demolition
☐ IS (insulation)

Please attach a photocopy of a current, valid, Construction Supervisor's License to this application

Home Improvement Contractor (HIC) Information *(if applicable)*

_____ _____ _____
HIC Company Name or HIC Registrant Name HIC Registration Number Expiration Date

_____ _____
No. and Street Name City / Town, State, ZIP

_____ _____
Telephone Number Email Address

Please attach a photocopy of a current, valid HIC registration certificate to this application

SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C[6])

A 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 a building permit for the project described in Section 3 of this application.

SECTION 7: OWNER AUTHORIZATIONS AND PERMISSIONS

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.

_____ _____ _____
Printed Owner's Name Owner's Signature Date

By entering my name below, I hereby attest, under the pains and penalties of perjury, that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

_____ _____ _____
Printed Owner's Name Owner's Signature Date

This Section is for official use only

Building Permit Number:_____Issued:_____Applied:_____Building Official: _____