



WELLFLEET BUILDING DEPARTMENT
 220 WEST MAIN STREET
 WELLFLEET, MA 02667
 (508) 349-0309
 FAX 349-0327

Approved by _____
Date _____
Permit # _____
Fee _____
Check # _____

APPLICATION FOR BUILDING PERMIT

Application is hereby made in accordance with 780 CMR, Sec. 110.0 of the Massachusetts State Building Code, 6th 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 _____

"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)."

NATURE OF IMPROVEMENT

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

Explain _____

PROPOSED USE GROUP

- Assembly Business Mercantile Educational Factory
- Residential Utility/ Misc. Storage Institutional Mixed

Explain _____

COST OF IMPROVEMENT \$ _____

DIMENSIONS OF IMPROVEMENT: Width _____ft. Length _____ft. Height _____ft. # Stories _____

Living Area: Basement _____ sq. ft. 1st Floor _____ sq. ft. 2nd Floor _____ sq. ft.

Non-Living Area: Basement _____ sq. ft. 1st Floor _____ sq. ft. 2nd Floor _____ sq. ft.

Decks: Basement _____ sq. ft. 1st Floor _____ sq. ft. 2nd Floor _____ sq. ft.

Porch / Sunroom: Basement _____ sq. ft. 1st Floor _____ sq. ft. 2nd Floor _____ sq. ft.

Accessory Bldg: Basement _____ sq. ft. 1st Floor _____ sq. ft. 2nd Floor _____ sq. ft.

Application Denied By: _____ Date: _____

Reason: _____

(Over)

DESCRIPTION OF IMPROVEMENT:

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

Explain: _____

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

Exterior Walls: Steel _____ Masonry _____ Concrete _____ Wood _____ Other _____

Explain: _____

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 _____

Additional Description: _____

IS THIS LOT ON A MARSH, POND, COASTAL BANK, IN THE FLOOD PLAIN OR ABUTTING ANY RESOURCE AREA? _____

IS THE BUILDING OVER 75 YEARS OLD? _____

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. _____ exp. _____

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 and Approval by the Fire Dept. and the Board of Health
- 2 Sets of dimensioned or scaled building plans, including all structural elements, foundations, framing, insulation, ventilation, sheathing, wall covering, ceiling heights, and roof covering
- 1 Set of floor plans for Fire Department
- Energy Conservation Compliance Report
- Engineer stamped Plans/Calculations for pre-engineered components
- Curb Cut Permit issued by the DPW for a driveway on a Public Way
- Notice of Decision by ZBA or Conservation Commission as Filed with the Registry of Deeds (Bk & Pg).
- Homeowner License Exemption Affidavit, when homeowner is filing as Contractor
- Septic Inspection (If you have any questions, please call the Health Agent)

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: _____