



# APPLICATION FOR BUILDING PERMIT

## TOWN OF BRAINTREE

Date \_\_\_\_\_

# B

To the INSPECTOR OF BUILDINGS:

The undersigned hereby applied for a permit to:  Build  Alteration  Demolish  Other according to the following specifications:

1. Location of Work: \_\_\_\_\_ Braintree, MA

2. Name and Address of Owner: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name and Address of Contractor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

4. Construction Supervisors License # \_\_\_\_\_ (Photocopy required)

Home Improvement Contractor Registration # \_\_\_\_\_ (Photocopy required)

5. Type of Construction: Frame:  Wood  Concrete/Steel  Brick/Block  
 Walls:  Studs  Pre-Cast  Brick/Block  
 Foundation:  Concrete  Piles  Other \_\_\_\_\_

6. Number of Stories: \_\_\_\_\_

7. How is building occupied:  Residential  Business  Industrial  Other \_\_\_\_\_

If Residential, number of families: \_\_\_\_\_ If Business, number of units: \_\_\_\_\_

8. Brief Description of Proposed Work: \_\_\_\_\_

9. Plans Submitted:  Yes  No

All work to be performed in accordance with Massachusetts State Building Code (780 CMR).

10. Estimated Value of Work \$ \_\_\_\_\_



Home Owners obtaining permits under license waivers are not eligible for compensation under the State Home Improvement Contractor Program.

11. Signature of Owner or Authorized Representative: \_\_\_\_\_

### OFFICIAL USE ONLY

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No: \_\_\_\_\_ Fee: \_\_\_\_\_

Map \_\_\_\_\_ Plot \_\_\_\_\_ District: \_\_\_\_\_

#### SPECIAL REQUIREMENTS

Certificate of Occupancy:  is  is not required before premises may be occupied. Certificate of Occupancy Fee: \$ \_\_\_\_\_

#### REQUIRED INSPECTIONS

Excavation: \_\_\_\_\_ Insulation: \_\_\_\_\_ Electrical: Rough: \_\_\_\_\_ Final: \_\_\_\_\_  
 Foundation: \_\_\_\_\_ Final: \_\_\_\_\_ Plumbing: Rough: \_\_\_\_\_ Final: \_\_\_\_\_  
 Rough Frame: \_\_\_\_\_ Fire Dpt: \_\_\_\_\_ Gas Fitting: Rough: \_\_\_\_\_ Final: \_\_\_\_\_