



**TOWN OF BARNSTABLE
BUILDING PERMIT
APPLICATION**

Application Number.....
Permit Fee.....Zoning District.....
Total Fee Paid

Permit Approval by.....On.....
Map.....Parcel.....

Section 1 – Owner’s Information and Project Location

Project Address _____ Village _____
Owners Name _____
Owners Legal Address _____
City _____ State _____ Zip _____
Owners Cell # _____ E-mail _____

Section 2 – Use of Structure

Use Group _____

Commercial Structure over 35,000 cubic feet
 Commercial Structure under 35,000 cubic feet
 Single / Two Family Dwelling

Section 3 – Type of Permit

<input type="checkbox"/> New Construction	<input type="checkbox"/> Move / Relocate	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Change of use
<input type="checkbox"/> Demo/(entire structure) Rebuild	<input type="checkbox"/> Finish Basement	<input type="checkbox"/> Family/Amnesty Apartment	<input type="checkbox"/> Fire Alarm
<input type="checkbox"/> Addition	<input type="checkbox"/> Deck	<input type="checkbox"/> Solar	<input type="checkbox"/> Sprinkler System
<input type="checkbox"/> Renovation	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Pool	<input type="checkbox"/> Foundation Only

Other– Specify _____

Section 4 - Work Description

Application Number.....

Section 5 – Detail

Cost of Proposed Construction _____ Square Footage of Project _____

Age of Structure _____ Dig Safe Number _____

Of Bedrooms Existing _____ Total # Of Bedrooms (proposed) _____

110 MPH Wind Zone Compliance Method MA Checklist WFCM Checklist Design

Section 6 – Project Specifics

- Wiring Oil Tank Storage Smoke Detectors
- Plumbing Gas Fire Suppression
- Heating System Masonry Chimney Add/relocate bedroom

Water Supply Public Private

Sewage Disposal Municipal On Site

Historic District Hyannis Historic District Old Kings Highway

Debris Disposal Facility: _____ I am using a crane Yes No

Section 7 – Flood Zone

Flood Zone Designation _____

Within or adjacent to a wetland, coastal bank? Yes No

Section 8 – Zoning Information

Zoning District _____ Proposed Use _____ Lot Area Sq. Ft. _____

Total Frontage _____ Percentage of Lot Coverage _____ # of Dwelling Units (on site) _____

Setbacks Front Yard Required _____ Proposed _____

 Rear Yard Required _____ Proposed _____

 Side Yard Required _____ Proposed _____

Has this property had relief from the Zoning Board in the past? Yes No

Application Number.....

Section 9 – Construction Supervisor

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

License Number _____ License Type _____ Expiration Date _____

Contractors Email _____ Cell # _____

I understand my responsibilities under the rules and regulations for Licensed Construction Supervisor in accordance with 780 CMR the Massachusetts State Building Code. I understand the construction inspection procedures, specific inspections and documentation required by 780 CMR and the Town of Barnstable. Attach a copy of your license.

Signature _____ Date _____

Section 10 – Home Improvement Contractor

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

Registration Number _____ Expiration Date _____

I understand my responsibilities under the rules and regulations for Home Improvement Contractors in accordance with 780 CMR the Massachusetts State Building Code. I understand the construction inspection procedures, specific inspections and documentation required by 780 CMR and the Town of Barnstable. Attach a copy of your H.I.C...

Signature _____ Date _____

Section 11 – Home Owners License Exemption

Home Owners Name: _____

Telephone Number _____ Cell or Work Number _____

I understand my responsibilities under the rules and regulations for Licensed Construction Supervisor in accordance with 780 CMR the Massachusetts State Building Code. I understand the construction inspection procedures, specific inspections and documentation required by 780 CMR and the Town of Barnstable.

Signature _____ Date _____

APPLICANT SIGNATURE

Signature _____ Date _____

Print Name _____ Telephone Number _____

E-mail permit to: _____

Section 12 – Department Sign-Offs

Health Department Zoning Board (if required)

Historic District Site Plan Review (if required)

Fire Department

Conservation

For commercial work, please take your plans directly to the fire department for approval.

Section 13 – Owner’s Authorization

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 for:

(Address of job)

Signature of Owner

date

Print Name