



Town of Carlisle
Building Department
(978) 369-6689

Building Permit Application

Building Department Use Only

Fee: \$ _____ Cash Check Permit Number: _____
 Date Accepted: _____ Accepted By: _____
 Approved for issuance: _____

_____ Date _____ Building Inspector
 Plans submitted or Plans not required

This application must be completed *in full* at the time of submittal. It is the responsibility of the applicant to provide all necessary information required by this form. Please type or print neatly.

1 LOCATION

No.	Street	Lot No.	Map	Parcel
	Name	Address	Telephone	
Owner(s)	_____			
Tenant	_____			
Contractor	_____		Const. Lic. #	_____
	Address	Tele:		_____
Architect	_____		MA Reg.	_____
Engineer	_____		MA Reg.	_____
Other	_____			

2 VALUE

Estimated construction value : \$ _____ (See Part 6)

3 DESCRIPTION OF PROPOSED WORK

New Building Addition Alteration Pool Deck Window/Door Replacement
 Roofing Siding Change in Use/Occupancy Woodstove Repairs Other:

Will proposed construction affect the building footprint? Yes No. If yes, plot plan is required.

Provide a complete description of work, do not state "see attached plans".

4 ZONING INFORMATION

Zoning District: _____ Lot Area: _____ Lot Frontage: _____

Present Use: _____ Proposed Use: _____

<u>Setbacks</u>	Front	L.Side	R.Side	Rear	Stories	Height	No.Bedrms
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Existing _____

Proposed _____

- Yes No Lot presently conforming to Zoning Bylaw requirements.
- Yes No Planning Board Subdivision Approval required.*
- Yes No Lot presently nonconforming and approval required by the Board of Appeals.*
- Yes No Board of Health Title 5 approval required.*
- Yes No Lot located within the Historic District.*
- Yes No Lot located within the Flood Plain Conservancy District.*
- Yes No Proposed work located within the Wetland/Flood Hazard District.*

**If yes, then additional approvals required prior to a Building Dept. review of this application.*

5 ADDITIONAL ASPECTS OF THIS WORK

Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Water	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Detection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas	<input type="checkbox"/> Yes <input type="checkbox"/> No	Increase # of Bedrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical (HVAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Septic System	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Oil Storage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Curb Cut	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sign(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: For each yes box checked, additional permits or approvals are required.

For new buildings: Is there potable water available for this site? N/A Yes No

In accordance with the requirements of MGL C40 §54 and MGL C111 §150A please supply the following information relative to solid waste disposal in connection with this project:

Waste Disposal Company: _____ Tele: _____

Disposal Site Location: _____

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WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I do hereby certify, under the pains and penalties of perjury, that:
(please check one of the following (A-D) which best applies to you)

- A) I am an employer providing the following workers' compensation coverage for my employees on this job; OR
- B) I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation insurance policies:

Name of Contractor Insurance Company/Policy No.

Name of Contractor Insurance Company/Policy No.

- C) I am a sole proprietor and have no one working for me.
- D) I am a homeowner performing all the work myself.

NOTE: Please be aware that while homeowners who employ persons to do maintenance, construction or repair work on a dwelling of not more than three units in which the homeowner also resides or on grounds appurtenant thereto are not generally considered to be employers under the Workers' Compensation Act (MGL C152 §1(5)), application by a homeowner for a license or permit may evidence the legal status of an employer under the Workers' Compensation Act.

I understand that a copy of this statement will be forwarded to the Department of Industrial Accidents' Office of Insurance for coverage verification and that failure to secure coverage as required under Section 25A of MGL C152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or imprisonment of up to one year and civil penalties in the form of a Stop Work Order and a fine of \$100.00 a day against me.

Permit applicant (print) Signature Date

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HOMEOWNER SIGNATURE TO AUTHORIZE AGENT

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.

Signature of Owner Date

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CERTIFICATION (Please read before signing)

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work is accurately represented in the statements made in this application and that the work shall be executed in accordance with the Mass State Building Code, Carlisle Bylaws and all other applicable laws and ordinances in effect on the date of issuance as provided for in MGL Chapter 40A, Section 6.

Signatures: _____
Owner/Authorized Agent Date