

Town of East Brookfield

Please submit the following with your application(s):

Application for a House / Addition / Garage

1. Plot plan with dwellings shown indicating setbacks
2. Two sets of Prints (Foundation, Floor plan, Elevations & Cross Section
3. Mass Check
4. Copy of License
5. Copy of Insurance
6. All Engineered Products (Wooden Eye-Joists, Trusses, LVL's, Micro-lams and Steel Beams) will have a stamp from an Architect or Engineer of Records

Application for a Deck / Shed / Pool

1. Plot plan with dwellings shown indicating setbacks and septic location
2. Two sets of prints with details of materials to be used
3. Copy of License
4. Copy of Insurance

Application to Remodel or Renovate

1. Copy of License
2. Copy of Insurance
3. Plan indicating work to be done



BUILDING PERMIT APPLICATION

Page 1

Office Use Only

PERMIT # _____

DATE ISSUED: _____

1. PROPERTY INFORMATION	Assessor's Map _____ Parcel _____	
Type of Improvement:		
Permit Location:		Zoning District:
Proposed Use:		
2. OWNER OF RECORD INFORMATION		
Name:		Phone #:
Address:		
If owned for less than two years, previous owner of property & date purchased:		
3. CONSTRUCTION SERVICES	Not Applicable <input type="checkbox"/>	
Contractor's Name:	Phone #:	
Address:	License #:	
Signature:	Date:	
4. WORKERS COMPENSATION INSURANCE – A Certificate of Insurance indicating Worker's Compensation Insurance, listing the Town of East Brookfield as the Certificate Holder – OR- a completed Worker's Compensation Insurance Affidavit must be submitted with this application.		
Current Certificate of Insurance on file in Bldg. Dept. <input type="checkbox"/> -OR- Signed Insurance Affidavit attached <input type="checkbox"/>		
5. HOME IMPROVEMENT REGISTRATION-Home Improvement Registration Affidavit must be submitted with this application for all home improvement work proposed.		
Completed Home Improvement Registration Affidavit attached Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
6. DESCRIPTION OF PROPOSED WORK (Check all applicable)		
New Construction <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>
Addition <input type="checkbox"/>	Accessory Building <input type="checkbox"/>	Demolition <input type="checkbox"/>
Above Ground Pool <input type="checkbox"/>	In ground Pool <input type="checkbox"/>	Deck <input type="checkbox"/>
Siding <input type="checkbox"/>	Roof <input type="checkbox"/>	Other <input type="checkbox"/>
Sizes Total Sq. Ft. _____ Width _____ Length _____ Height _____ No. of Stories _____		Setbacks: Front: _____ Rear _____ Left Side _____ Right Side _____

Brief Description of Proposed Works: _____



BUILDING PERMIT APPLICATION

Page 2

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PERMIT # _____

DATE ISSUED: _____

7. ESTIMATED CONSTRUCTION COSTS

Building	Electrical	Plumbing	Mechanical	Fire Protection	TOTAL
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

8. DEPARTMENTAL APPROVALS – The following checked department approvals are to be obtained prior to issuance of a building permit.

DEPARTMENT	AUTHORIZED SIGNATURE	DATE
BOARD OF ASSESSORS		
BOARD OF HEALTH		
CONSERVATION COMMISSION		
HIGHWAY DEPARTMENT		
WATER DEPARTMENT		
FIRE DEPARTMENT		
INSPECTOR OF BUILDINGS		

9. OWNER AUTHORIZATION – To be completed when owner’s agent or contractor applies for Building Permit

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

10. OWNER/AUTHORIZED AGENT DECLARATION

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. I agree to conform to all applicable laws of the Town of East Brookfield and the Massachusetts Building Code.

Signed under the pains and penalties of perjury.

Signature of Owner/Agent

Date

11. PERMIT FEE – To be submitted with application

Fee \$ _____

Check No. _____