

BUILDING PERMIT NUMBER

APPLICATION FOR BUILDING PERMIT

IMPORTANT - Applicant to complete all items in Sections: 1, 2, 3, 4, and 5

Please Print

1. LOCATION OF BUILDING

OWNERS NAME (print): _____
Last First Middle Initial

No. Street

Assessor's Map No. _____ Assessor's Parcel No. _____

2. TYPE AND COST OF BUILDING - All applicants complete Parts A-E

A. TYPE OF IMPROVEMENT

- New Building
- Addition
- Alteration
- Repair, replacement
- Demolition
- Moving

B. OWNERSHIP

- Private
- Public

C. COST

TOTAL COST OF IMPROVEMENT

D. DIMENSIONS

Dimensions of Structure

First Floor Area: _____

Second Floor Area: _____

Third Floor Area: _____

Total Floor Area: _____

Full Cellar Area: _____

E. PROPOSED USE

Residential

- One Family
- Studio
- Two or more family - Enter number of units _____
- Hotel, Motel, Dormitory enter number of units _____
- Second Dwelling
- Garage
- Pool
- Other - Specify _____

Detail scope of work by floor & provide the square footage.

3. SELECTED CHARACTERISTICS OF BUILDING

For new buildings and additions, complete Parts D-N for Demolition, complete only Part 1., for all others skip to 4.

F. PRINCIPLE TYPE OF FRAME

- Wood frame
- Other - Specify _____

H. TYPE OF SEWAGE DISPOSAL

- Public
- Private (septic tank, etc.)

K. ACCESSORY HEAT SOURCE

No. of fireplaces _____

No. of Wood Stoves _____

Other: _____

G. PRINCIPLE TYPE OF HEATING

- Gas Electricity
- Oil Heat Pump
- Other - Specify _____

I. TYPE OF WATER SUPPLY

- Public
- Private (well)

J. SMOKE DETECTORS

No. of Detectors _____

See Plan for Location

L. RESIDENTIAL BUILDINGS

Number of Bedrooms _____

Number of Bathrooms _____

Full _____ Partial _____

4. ZONING COMPLIANCE To be completed by all applicants

Applicant is required to submit a registered plot plan with application, showing location of all structures.

Zoning District: _____ Total Land Area: _____
Frontage on Street: _____ Lot No.: _____
Plan Book No. and Page: _____ Land Court Plan No.: _____
Date Lot Purchased: _____ Certificate No.: _____
Name of Previous Owner: _____

SUBDIVISION INFORMATION

Name of Owner: _____
Date of Plan Approval: _____
Type of Approval: ANR _____ AR _____
Planning Board File No.: _____
Is the Subdivision subject to a Covenant: YES _____ NO _____
Is a Release required: YES _____ NO _____
Has Plan been filed with the Registry of Deeds? YES _____ NO _____
If YES: Plan Book and Page No.: _____ Date _____

TIME SHARING INFORMATION
Is there a declaration of Covenants and Restrictions of Interval Ownership noted on your Title or Deed?
Yes ____ No ____

DIMENSIONS

Distance from Property Lines: FRONT _____ REAR _____ LEFT _____ RIGHT _____
Distance between Principal and Secondary Dwelling: _____ (12ft. minimum)
Height of structure above finish grade: N _____ E _____ S _____ W _____
Number of off-street parking spaces: Enclosed _____ On-site _____

GROUND COVER

Principal Dwelling: _____
Secondary Dwelling: _____
Addition: _____
Garage: _____
Accessory Building: _____
Swimming Pool: _____
Other: _____
Total: _____ SF.
Allowable: _____ SF.

MISCELLANEOUS

Was a request to "Determine Applicability of the Protection Act" filed with the Nantucket Conservation Committee? YES ____ NO ____
If answered YES, include "Order of Conditions" with application.
What date was the "Order of Conditions" with application. _____
What date was the "Order of Conditions" filed with the Registry of Deeds? _____
Is the property located within a Flood Hazard district? YES _____ NO _____
Was a Variance or Special Permit granted by the Board of Appeals? YES _____ NO _____
If answered YES, what date was the decision filed with the Town Clerk? _____

FOR ZONING OFFICER

Minimum Lot Size: _____ Ground Cover Ratio: _____
Frontage on Street: _____ Side and Rear Setback: _____
Front Yard: _____ Secondary Dwelling approval _____
Additional Comments: _____ Board of Appeals _____
_____ Lot Release Form _____

Date: _____ APPROVED BY: _____

Zoning Officer

5. IDENTIFICATION - To be completed by all applicants					
Name		Mailing address - Number, street, city and state		Zip Code	Telephone No.
1. Owner or Lessee					
2. Contractor	Print Name			Builder's License	
	Signature			Date	
3. Contact Person				Date	
Works Compensation Insurance Certificate or Affidavit must be submitted with this application.					
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.					
Signature of applicant		Address		Telephone #	
Print name		E-Mail Address:			

DO NOT WRITE BELOW THIS LINE

6. PLAN REVIEW RECORD - For Office Use				
Plans Review Required				
HISTORIC DISTRICTS COMMISSION				
SEPTIC				
SEWER				
WATER WELL COMPLETION REPORT				
CONSERVATION COMMISSION				
FIRE CHIEF				
OVER-THE-ROAD (Board of Selectmen)				
ROAD OPENING PERMIT (DPW)				
PLUMBING				
ELECTRICAL				

7. VALIDATION	
Building Permit Issued _____ Building Permit Fee _____ Date of Issuance of Certificate of Occupancy _____	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR DEPARTMENT USE ONLY </div> Use Group _____ Occupancy Load _____ Census No. _____ Approved by: _____ <div style="text-align: right;"> _____ Building Commissioner </div>