

TOWN OF MILLVILLE

OFFICE OF BUILDING COMMISSIONER

Michael A. Giampietro, C.B.O.

508-883-0808

Office Hours: Wednesday Evenings 6:00 p.m. to 8:00 p.m.

APPLICATION FOR PERMIT TO BUILD OR ALTER

To the Building Commissioner:

Date: _____

The undersigned hereby applies for a permit to build or alter, according to the following information and plans filed herewith:

LOCATION: _____ **MAP/PARCEL:** _____ **ZONING DISTRICT:** _____

OWNER'S NAME: _____ **PHONE:** _____

OWNERS ADDRESS _____

CONTRACTORS NAME: _____ **PHONE:** _____

ADDRESS: _____

HOME IMROVEMENT REGISTRATION # _____ **MASS. CONST. SUPERVISORS LICENSE #** _____

USE OF BUILDING: Residential _____ Commercial _____ Plot Plan Attached? _____ ZBA Approval _____

TYPE OF CONSTRUCTION: _____ **USE GROUP:** _____

BEDROOMS BEING ADDED? YES ___ **NO** ___ **Water:** Public ___ Private ___ **Sewer:** Public ___ Private ___

PROJECT WITHIN 100' OF A WETLAND? YES ___ **NO** ___ **ENERGY REQUIREMENT ATTACHED?** _____

(if unsure, check with Conservation Commission)

SIZE OF BUILDING: _____ **EST. COST OF CONST. (excluding land)** _____

DESCRIPTION OF PROJECT: _____

I hereby certify that I am the owner of record of the property listed above and that all the information above, plans and specifications submitted are correct and that all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Code 7TH Edition, and Town of Millville Zoning By-Laws. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.

OWNER'S SIGNATURE: _____ **DATE:** _____

LICENSE HOLDER'S SIGNATURE: _____ **DATE:** _____

OBTAIN SIGNATURES FROM DEPARTMENTS BELOW PRIOR TO ACCEPTANCE OF THIS APPLICATION:

FIRE DEPARTMENT: _____ **& Date**

TAX COLLECTOR: _____

ASSESSOR: _____

BOARD OF HEALTH: _____

CON COM: _____

For Dept. Use Only: Permit No: _____ **Permit Fee:** _____ **ApprovedBy:** _____ **Date:** _____