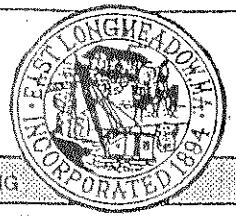


The Commonwealth of Massachusetts  
 State Board of Building Regulations and Standards  
 Massachusetts State Building Code 780 CMR

PERMIT NO:  
 Town of East Longmeadow



APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

OWNER: JOHN DOE

DATE MARCH 29, 2004

SITE INFORMATION	
Property Address: Lot # <u>97</u> # <u>31</u> Street <u>PROSPECT HILLS DRIVE</u>	Assessors Map & Parcel Number: <u>12</u> <u>21</u> Map Number Parcel Number
Zoning Information: Residential AA Residence Zoning District Proposed Use	Property Dimensions: 47,000 Sq. Feet 175 Lot Area (sf) Frontage (ft)

Water Supply [M.G.L. c. 40 § 54] Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information Zone <input type="checkbox"/> Outside Zone <input checked="" type="checkbox"/>	Sewage Disposal System Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
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Building Setbacks (ft) (SETBACKS FOR ZONING ON WEB SITE OR BUILDING DEPARTMENT)					
Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
50	52	35 / 35	65 / 42	50	75

Size of Building:		
No. of feet, front: <u>20</u>	No. of Feet, rear: <u>20</u>	No. of feet deep: <u>16</u>
Height of Building: <u>18</u>	Sq. Footage of Building: _____	

DESCRIPTION OF PROPOSED WORK (check all applicable)				
New Construction <input type="checkbox"/>	Existing Bldg. <input checked="" type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
Accessory Bldg <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other : specify _____		

Brief Description of Proposed Work: The proposed work is for a 20' X 16' addition to the rear of the existing building - as per plot plan and the building plans submitted.

(PLOT PLANS AND PROPERTY INFORMATION CAN BE OBTAINED AT ASSESSORS OFFICE)

PROPERTY OWNERSHIP/AUTHORIZED AGENT:			
Owner of Record:		Address	
Name (Print)	John Doe	31 Prospect Hills Dr.	
Signature	John Doe	Telephone #	525-5428
Authorized Agent:		Address	
Name (print)	Bill Ward	21 Mayfair Drive	
Signature	Bill Ward	Telephone #	Longmeadow, MA

ESTIMATED CONSTRUCTION COST <u>\$30,000.00</u>	COST OF PERMIT: _____
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THIS SECTION FOR OFFICIAL USE ONLY

SIGNATURE: \_\_\_\_\_  
 BUILDING COMMISSIONER/INSPECTOR OF BUILDINGS

DATE: \_\_\_\_\_

(DO NOT FILL THIS OUT)

APPLICANT:

APPLICATION  
FOR PERMIT TO BUILD

LOCATION:

PERMIT GRANTED

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**WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C (6))**

Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the Building Permit

Signed Affidavit Attached : Yes \_\_\_\_\_ No \_\_\_\_\_

**CONSTRUCTION SERVICES**

**LICENSED CONSTRUCTION SUPERVISOR:**

Licensed Construction Supervisor (print)

Address

Signature

Telephone #

Not Applicable \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**REGISTERED HOME IMPROVEMENT CONTRACTOR:**

Company Name

Address

Signature

Telephone #

Not Applicable \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT:**

I, John Doe, as Owner of the subject property hereby authorize Ward Construction, to act on my behalf, in all matters relative to this building permit application.

John Doe  
Signature of Owner

March 29, 2004  
Date

**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.

Signed under the pains and penalties of perjury.

PRINT NAME

SIGNATURE OF OWNER/AGENT

DATE

Building Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

*CONTRACTORS  
BOTH  
SECTION*

*Contractors  
Fill out  
This Section*