



The Commonwealth of Massachusetts
 Board of Building Regulations and Standards
 Massachusetts State Building Code, 780 CMR, 7th edition
 Building Permit Application To Construct, Repair, Renovate Or Demolish a
One- or Two-Family Dwelling

TOWN OF
 SALISBURY MA
 01952
 REVISED
 01.01.2009

This Section For Official Use Only

Building Permit Number: _____ Date Applied: _____

Signature: _____
 Building Commissioner/ Inspector of Buildings Date

SECTION 1: SITE INFORMATION

1.1 Property Address: _____
 1.1a Is this an accepted street? yes _____ no _____

1.2 Assessors Map & Parcel Numbers
 Map Number _____ Parcel Number _____

1.3 Zoning Information: _____
 Zoning District _____ Proposed Use _____

1.4 Property Dimensions: _____
 Lot Area (sq ft) _____ Frontage (ft) _____

1.5 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

1.6 Water Supply: (M.G.L c. 40, §54)
 Public Private

1.7 Flood Zone Information:
 Zone: _____ Outside Flood Zone?
 Check if yes

1.8 Sewage Disposal System:
 Municipal On site disposal system

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ Address for Service: _____
 Signature _____ Telephone _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (check all that apply)

New Construction Existing Building Owner-Occupied Repairs(s) Alteration(s) Addition
 Demolition Accessory Bldg. Number of Units _____ Other Specify: _____

Brief Description of Proposed Work²: _____

SECTION 4: ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost ³ (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

