



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ABINGTON

INSPECTIONAL SERVICES

500 GLINIEWICZ WAY

ABINGTON, MA 02351

TEL: 781-982-2105

E-FAX: 925-480-8634

PERMIT NO.
FEE:
PAID BY:
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK
Date:

APPLICATION FOR BUILDING PERMIT

Required Approvals: (to be completed by Authorized Personnel Only)

Sewer Dept: _____ Water Dept: _____
 Health Dept: _____ Fire Dept: _____
 Conservation Commission: _____ Planning: _____
 Highway Dept: _____
 Sealer of Weights & Measures: _____ Other: _____
 Assessors: Map..... Plot.....

TO THE INSPECTOR OF BUILDINGS: The undersigned hereby applies for a permit to: Build, Alter,
 Demolish, Move, according to the following specifications:

- Address of Job Site: _____
- Owner of Property: _____ Tel: _____
Address of Owner: _____
- Name of Contractor: _____ Tel: _____
Address of Contractor: _____
- Construction Supervisor's License #: _____ (photocopy required)
Home Improvement Contractor Registration #: _____ (photocopy required)
- Type of Construction:
 FRAME: _____ Wood _____ Concrete/Steel _____ Brick/Block
 WALLS: _____ Studs _____ Pre-Cast _____ Brick/Block
 FOUNDATION: _____ Concrete _____ Piles _____ Other
- Number of Stories: _____
- How is building to be occupied: Residential Business Industrial Other. If Residential, number of families _____
If Business, number of units: _____.
- Brief Description of work to be performed: _____

9. Estimated Value of Project: \$ _____ 10. Plans Submitted: Yes No
 Fee must accompany applications and plans must be submitted with applications (including plot plan if applicable). All permits must be obtained before commencing work of any kind, including wiring, plumbing, gas fitting earth removal, or: _____

All inspections must be made, approved and occupancy permit obtained before the building (or pool) is occupied. I agree to notify the Inspectors when the building or structure is ready for each inspection and to obtain approval before any work will be concealed. I also hereby agree that all of the proposed work shall be done in strict compliance with the Zoning By-Laws, Massachusetts State Building Code, Board of Health Regulations or the requirements of any other Town Department as necessary.

Note: Homeowners obtaining building permits under a license waiver are not eligible for compensation under the State Home Improvement Contractor Program. All work to be performed in accordance with Massachusetts State Building Code 780 CMR.

Signature of owner or authorized representative in charge of work: _____

Approval by Building Official: _____ Date: _____