

Please Print Clearly

Type Of

No.....Zone.....Construction.....Block Plan.....Street/Parcel.....

*****Applicant Not To Fill In Spaces Above This Line*****

Application For Other Than A Dwelling Permit

Questions Marked With An (*) Asterick Apply Towards: Pools, Sheds, Detached Garages

Historical (Y or N) Wetlands (Y or N)

Springfield, Ma _____ 20_____

- * 1. Street and No.
* 2. Owner's Name Address
City State Zip Tel
3. Architect's Name Address
City State Zip Tel
* 4. Contractor's Name Address
Tel Lic. No. Signature of Licensee
* 5. Use of Building or Structure: Present Proposed
* 6. Size of Building or Structure Length Width Height Stories
* 7. Area of Building or Structure: Existing New Add Alterations
* 8. Distance of Building or Structure From: Front Lot Line Left Lot Line
Right Lot Line Rear Lot Line
9. Material of Ext. Walls Masonry Wood Metal Other
Material of Floors Grade Floor Other Floors
Material of Roof Framing Wood Steel Truss Precast
10. Type of Soil
11. If a Multi-Residence, How Many Units
12. Depth of Footings Below Grade ft. Will Piles Be Used
13. Type of Roof—Flat Pitch Material of Roof Covering
14. Method of Heating
15. Are All Structural Conditions Noted on Drawings
16. Is Building Equipped With Suppression System What Type
17. How Many Exits (per floor) to Street
18. Building is Handicapped Accessible Will Be
19. Is Building Equipped With Handicapped Toilet Facilities
20. Will the Building Conform to MA State Building Code Energy Conservation Requirements
* 21. Will the Building Conform to the Building Code Zoning Ordinances
* 22. Estimated Costs:
General
Plumbing
Gas Piping
Sprinklers
Mechanical
Electrical
TOTAL \$
The undersigned certifies that the above statements are true to the best of his knowledge and belief.
* (signature of owner, architect or engineer)
* DESCRIPTION OF WORK TO BE DONE
* METHOD OF DISPOSAL OF WASTE MATERIALS

START DATE:
FINISH DATE: