



Town of Billerica Building Department

Mark LaLumiere - Building Commissioner
Phone 978-671-0959 Fax 978-671-1342

Permit #
Date:
Fee _____
Check # _____

PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK. Location, ownership, and detail must be correct complete and legible. A separate application is required for every structure. Two sets of plans must be filed with this application together with two plot plans showing setbacks of proposed structure, all existing structures driveways, turnarounds, water lines and sewer lines, existing and proposed grades.
Do not leave any blank spaces on this application, if a section does not apply fill in area with "N/A"

This Section For Official Use Only	
Signature: _____	Date: _____
Building Commissioner/ Building Inspector	

SECTION 1- SITE INFORMATION

1.1 Property Address	1.2 Assessors Plate & Parcel Number:	
_____	_____	_____
Year Constructed	_____	

SECTION 2- PROPERTY OWNERSHIP

2.1 Owner of Record

Full Name (print)	Owners Address
_____	_____
Signature	Phone
_____	_____
Email Address	

SECTION 3- CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

Name	Signature	License Number
_____	_____	_____
Address	Phone	Expiration Date
_____	_____	_____
Email Address	_____	

3.2 Registered Home Improvement Contractor:

Company Name	Signature	Registration Number
_____	_____	_____
Address	Phone	Expiration Date
_____	_____	_____
Email Address	_____	

WARNING: HOMEOWNERS WHO CONTRACT WITH AN UNREGISTERED CONTRACTOR DO NOT HAVE ACCESS TO THE GUARANTY FUND (M.G.L. c 142A)

Residential Permit Application

SECTION 4- WORKERS COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c 152 s 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

SECTION 5- DESCRIPTION OF PROPOSED WORK

Description of Proposed Work:

ESTIMATED COST: _____

Value Approved by Inspector: _____

SECTION 5a- PROPERTY DESCRIPTION

Number of Rooms (Excluding Bedrooms)	_____
Number of Bedrooms	_____
Number of Full Bathrooms	_____
Number of 1/2 Bathrooms	_____

Type of Heat: _____

Garages - # of Bays: _____

Fuel: Oil Gas Wood Other

Attached Detached

Central Air Conditioning: Yes No

Number of Fireplaces: _____

SECTION 6 - DEBRIS DISPOSAL

In accordance with the provisions of M.G.L. c 40, s 54, A condition of the building permit is that debris resulting from this permit shall be disposed of in a properly licensed solid waste facility as defined by M.G.L. c 111, s 150A

The Debris will be disposed of in:

Name of Disposal Company

Owner's Name

Location of Facility

Phone

OFFICE USE ONLY - INSPECTOR'S COMMENTS

