



The Commonwealth of Massachusetts  
**Town Of Royalston**  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR

For Municipality  
use  
Revised March  
2011

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
**One- or Two-Family Dwelling**

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_

Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

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 OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (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 Work<sup>2</sup>: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 <sup>3</sup> (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:	\$	

**SECTION 5: CONSTRUCTION SERVICES****5.1 Construction Supervisor License (CSL)**

_____
Name of CSL Holder
_____
No. and Street
_____
City/Town, State, ZIP
_____
_____
Telephone _____ Email address _____

License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

List CSL Type (see below) \_\_\_\_\_

Type	Description
U	Unrestricted (Buildings up to 35,000 cu. ft.)
R	Restricted 1&2 Family Dwelling
M	Masonry
RC	Roofing Covering
WS	Window and Siding
SF	Solid Fuel Burning Appliances
I	Insulation
D	Demolition

**5.2 Registered Home Improvement Contractor (HIC)**

_____
HIC Company Name or HIC Registrant Name
_____
No. and Street
_____
City/Town, State, ZIP _____ Telephone _____

HIC Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Email address \_\_\_\_\_

**SECTION 6: 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 ..... ☐**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN  
OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, as Owner of the subject property, hereby authorize \_\_\_\_\_  
to act on my behalf, in all matters relative to work authorized by this building permit application.

\_\_\_\_\_  
Print Owner's Name (Electronic Signature)\_\_\_\_\_  
Date**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_  
Print Owner's or Authorized Agent's Name (Electronic Signature)\_\_\_\_\_  
Date**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will ***not*** have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)

2. When substantial work is planned, provide the information below:

Total floor area (sq. ft.) _____	(including garage, finished basement/attics, decks or porch)
Gross living area (sq. ft.) _____	Habitable room count _____
Number of fireplaces _____	Number of bedrooms _____
Number of bathrooms _____	Number of half/baths _____
Type of heating system _____	Number of decks/ porches _____
Type of cooling system _____	Enclosed _____ Open _____

3. "Total Project Square Footage" may be substituted for "Total Project Cost"

Approved by the Board of Health:		Date:
Approved by the Planning Board:		Date:
Approved by the Conservation Commission:		Date:
Approved by the Fire Chief:		Date:
Approved by the Highway Department:		Date:
Approved by the Tax Collector:		Date:
Approved by the Inspector of Buildings/Zoning Agent:		Date:
Approved by the Assessor:	House # Assigned:	Date:
Applicant agrees to abide by the rules and regulations of all above departments and all applicable town by-laws. No changes or alterations permitted unless revised plans are submitted and approved:  _____ <div style="text-align: center;">Signature</div>		Restrictions:
		Use Group:

Before a structure can be permitted the position must be approved by a conservation member.

All applications requesting a permit, the tax collection must sign that no taxes are in arrears.

All applications must be accompanied with CSL, HICR, Certificate of liability, and workman's compensation affidavit.

Board of Health: Meets the second Wednesday of the month at 07:00 PM, Royalston Town Hall

Planning Board meets the Second Tuesday of the month at 07:00 PM, Royalston Town Hall

Conservation Commission meets the second Tuesday at 07:00 PM, Royalston Town Hall