

 **APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING**

PRINT    EXIT

Date 06/03/19

**APPLICATION DETAILS**

Application #:	<u>R-24-97744</u>	Date Issued:	<u>06/03/19</u>	Permit #:	<u>2019-028686</u>	Date Paid :	<u>06/03/19</u>
Fee Payable: (\$)	<u>0.00</u>	Fee Paid: (\$)	<u>280.00</u>	Receipt # :	<u>028172</u>		

**SECTION 1 - SITE INFORMATION**

Street Name	<u>MUSKEGAT RD</u>	Map Block Lot	<u>32 04 008 088</u>
Street Number	<u>63</u>	Zone	<u>AGB</u>
Year Built	<u></u>	<input checked="" type="checkbox"/> Historic Form Required	
Unit Number	<u></u>		

**SECTION 2 - PROPERTY OWNER INFORMATION**

Property Owner Name	<u>CHAPMAN STEPHEN</u>		
Street Number	<u>63</u>	Street Name	<u>MUSKEGAT RD</u>
City	<u>EAST FALMOUTH, MA 02536</u>	State	<u></u>
Telephone	<u></u>	Email	<u></u>
		Zip Code	<u></u>

**SECTION 3 - APPLICANT INFORMATION**

Applicant Name Paul Eaton

Street Number 7 Street Name Marble St

City Whitman, MA 02382 State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**SECTION 4 - MAILING ADDRESS**

Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 5 - WORK DETAILS**

Current Use \_\_\_\_\_ Construction type \_\_\_\_\_

**5.1 Building Setbacks (ft):**

Not Applicable

Dimensional Requirements

**Provided (Actual)**

Front (ft) \_\_\_\_\_

**Side (ft)**

Left Side \_\_\_\_\_ Right Side \_\_\_\_\_

Rear (ft) \_\_\_\_\_

Minimum Lot frontage (ft) \_\_\_\_\_

**PLEASE MAKE SURE ALL SITE PLAN REQUIREMENTS ARE INCLUDED ON THE SITE PLAN SUBMITTED.**

**SITE PLAN REQUIREMENTS**

Minimum Lot width (ft)

\_\_\_\_\_

Percent Lot Coverage

\_\_\_\_\_

Square feet of area of work

\_\_\_\_\_

Not Applicable

**Building Size**

Length

\_\_\_\_\_

Width

\_\_\_\_\_

Height

\_\_\_\_\_

Does the Property have prior ZBA decision?

Yes  
 No

**ZBA Acknowledgement Form**

**THIS SIGNED AND NOTARIZED ACKNOWLEDGEMENT FORM IS REQUIRED TO BE UPLOADED BEFORE THE ISSUANCE OF THE BUILDING PERMIT**

**5.2 Water Supply (M.G.L. c. 40. B 54)**

Not Applicable

Public  Private

**5.3 Flood Zone of Structure**

Yes  Not Applicable  
 No

**FEMA ELEVATION CERTIFICATE REQUIRED PRIOR TO THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY.**

Firm Zone \_\_\_\_\_

Elevation \_\_\_\_\_

**5.4 Sewage Disposal System**

Not Applicable

Municipal  On Site Disposal System

**5.5 Description of Proposed Work**

( New 1 or 2 Family Dwelling should only be selected if you are applying for a permit for a new 1 or 2 Family dwelling. An Existing Building should be selected for additions, renovations, demolitions, solar panels, etc., and accessory structures such as pools, sheds and garages. )

New 1 or 2 Family Dwelling (NEW SFD AND ADU'S)

Existing Building

## DEBRIS AFFIDAVIT

Brief Description of Proposed Work

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Revised Description of Proposed Work

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### SECTION 6 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

**6.1 Tenant Name (if other than the owner) :**

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**6.2 Authorized Agent/Owner :**

Name

---

Street Number

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Street Name

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Telephone

---

Email

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### HISTORIC FORM

**HISTORIC FORM** **Note:** If this property has been flagged as "Historic", you are REQUIRED to submit a corresponding HISTORIC Application to the PLANNING module. AFTER this Building Application is complete, navigate to the "New Application" page on your PermitEyes acct. Select the Planning Dept. and then select the "Historic District" Application.

### SECTION 7 - CONSTRUCTION SERVICES

**7.1 Licensed Construction Supervisor:**

Applicable

**7.2 Home Improvement Contractor:**

Applicable

Is the Licensed Construction Supervisor different from the applicant or the Home Improvement Contractor?

Yes  No

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

**7.3 Homeowners Permit:**

Applicable

Job Location \_\_\_\_\_

Home Owner \_\_\_\_\_

Telephone \_\_\_\_\_

The current exemption for "homeowners" was extended to include owner occupied dwellings to allow such homeowners to engage an individual for hire who does not possess a license, provided that the owner acts as supervisor. (State Building Code 780 CMR, section 110.R5)

**DEFINITION OF HOMEOWNER:**

Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one family dwelling, attached or detached structure accessory to such use and/or farm structure. A person who constructs more than one home in a two year period shall not be considered a homeowner. Such "homeowner" shall submit to the Building Official, on a form acceptable to the Building Official, that he/she shall be responsible for all such work performed under the building permit. (SECTION 110.R5)

The undersigned "homeowner" assumes responsibility for compliance with the State Building Code and other applicable codes, by-laws, rules and regulations.

The undersigned "homeowner" certifies that he/she understands the TOWN OF FALMOUTH Building Department minimum inspection procedures and requirements.

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

**WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))**

**WORKER'S COMP FORM**

**SECTION 8 - REGISTERED 81-R/ ARCHITECT/ ENGINEER**

Applicable     Not Applicable

Name (Registrant) \_\_\_\_\_

Registration  
Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Street Number \_\_\_\_\_

Street Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**SECTION 9 - ESTIMATED COST**

Estimated Value of Work \$ \_\_\_\_\_

Revised Construction Cost \$ \_\_\_\_\_

Total Cost \$ \_\_\_\_\_

**SECTION 10 - PROPERTY OWNER AUTHORIZATION**

I am the  Owner  Contractor / Agent

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.

Property Owner's Email \_\_\_\_\_

OR

Copy of Signed Contract to be attached after submitting application

Telephone No. \_\_\_\_\_

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

Date \_\_\_\_\_

**SECTION 11 - DECLARATION**

I, \_\_\_\_\_ as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct.

Date \_\_\_\_\_

**From:** [Eleanor MacKay](#)  
**To:** [Pam Marshall](#);  
**Cc:** \_\_\_\_\_  
**Subject:** RE: Code/permit/Special assessment Request

Hello,  
There are no open zoning violations.  
Best,  
Eleanor

Eleanor C. MacKay, AIA  
Assistant Zoning Compliance Agent  
Town of Falmouth  
Building Dept.  
T-508-495-7468