

Town of Southborough Building Department
9 Cordaville Road, Southborough, MA 01772
(508) 485-0717

Building Permit Application
PLEASE PRINT LEGIBLY

Job Address: _____ Submittal Date: _____

Existing Use: _____ Proposed Use: _____

Description of work: _____

Total Estimated Value of Work: _____

Structure: _____ Plumb: _____ Wire: _____ HVAC: _____

* Subject to Final Cost Affidavit*

Property Owner: _____ Are you a Lessee? _____

Address: _____ Phone No: _____

_____ Zip Code: _____ Email: _____

Construction Supervisor: _____ Cell No: _____

Address: _____ Phone No: _____

_____ Zip Code: _____ Email: _____

CSL No: _____ Type: _____ Expiration: _____

H.I.C. Reg.No: _____ Expiration: _____

Architect/Engineer: _____ Cell No: _____

Address: _____ Phone No: _____

_____ Zip Code: _____ Email: _____

Debris Disposal Facility: _____

DIGSAFE Case No _____

"By signing this application I do hereby certify that I am the owner of record of the above captioned property and I have authorized the work described in this application. I hereby authorize the people named in this application to act as my agents in matters concerning this described work. I hereby certify under the pains and penalties of perjury that all statements made herein are true and accurate."

Property Owner's Signature: _____ Date: _____

Property Owner's Name (please print) _____

(Need owner's signature or signed contract)

Agent/Const. Super. Signature: _____ Date: _____

Agent/Const. Super. Name (please print) _____

Departmental Approvals (if required)

Fire Dept.: _____ Date: _____

DPW/Engineering: _____ Date: _____

Conservation Commission: _____ Date: _____

Health: _____ Date: _____

Planning: _____ Date: _____

Historic Preservation: _____ Date: _____

TYPE OF IMPROVEMENT:

_____New Building
_____Addition
_____Alteration
_____Repair, Replacement
_____Demolition
_____Swimming Pool
_____Sign
_____Kitchen
_____Bath
_____Roofing/Siding
_____Other (specify)

PROPOSED USE:

_____Single Family
_____Multi-Family
_____No of Units
_____Hotel, Motel, Dorm.
_____No of Units:
_____Garage
_____Porch, Deck
_____Accessory Building
_____Recreation
_____Other (specify)

NON-RESIDENTIAL USE:

_____Amusement, Recreation
_____Temple, Church, Religious
_____Industrial
_____Theater, Assembly
_____Service Station, Repair Garage
_____Hospital, Institutional
_____Office, Bank, Professional
_____Restaurant
_____Library, Other Educational
_____Stores, Mercantile
_____Other (specify)

Estimated Value: _____

Tech Fee: _____

Permit Fee: _____

Building Department Use Only:

Zoning District: _____ F.A.R.: _____ Complies? _____

Construction Type: _____ Use Code: _____

ZBA Case No: _____ Flood Zone: _____

Existing Setbacks: Front: Side L: Side R: Rear:

Proposed Setbacks: Front: Side L: Side R: Rear:

Required Setbacks: Front: Side L: Side R: Rear:

Approval/Denial by: _____ Date: _____ Permit No.: _____