



Office Use Only  
 Health \_\_\_\_\_  
 Conservation \_\_\_\_\_  
 Fire \_\_\_\_\_  
 Planning \_\_\_\_\_  
 Water \_\_\_\_\_  
 Highway \_\_\_\_\_

# TOWN OF WAYLAND

## BUILDING PERMIT APPLICATION

Office Use Only  
 Permit No. Issued: \_\_\_\_\_  
 Date issued: \_\_\_\_\_  
 Received: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**LOCATION OF PROJECT**

\_\_\_\_\_ Zoning District \_\_\_\_\_  
 No \_\_\_\_\_ Street \_\_\_\_\_

Lot Description: Map \_\_\_\_\_ Parcel \_\_\_\_\_ Lot Area \_\_\_\_\_ Frontage \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Sides \_\_\_\_\_ Rear \_\_\_\_\_ Historic District  Yes  No

Water Supply:  Public  Private Wastewater:  Sewer System  Title V Onsite Flood Zone/100 Yr:  In  Outside

TYPE AND USE OF BUILDINGS:		
<p><b>A. TYPE OF IMPROVEMENT</b></p> <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/ Replacement <input type="checkbox"/> Wrecking, Demolition	<p><b>B. PROPOSED USE - Residential</b></p> <input type="checkbox"/> One Family/Two family <input type="checkbox"/> Multi family-# of units _____ <input type="checkbox"/> Hotel, Motel or Dormitory Enter Number of units _____ <input type="checkbox"/> Accessory Building <input type="checkbox"/> Recreation <input type="checkbox"/> Other-Specify _____	<p><b>Non-Residential</b></p> <input type="checkbox"/> Theater, Assembly, Religious <input type="checkbox"/> Hospital, Institutional <input type="checkbox"/> Office, Bank, Professional <input type="checkbox"/> Restaurant <input type="checkbox"/> Library, Other Educational <input type="checkbox"/> Stores, Mercantile <input type="checkbox"/> Other-Specify _____

**DESCRIBE PROPOSED CONSTRUCTION:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**FEE CALCULATION:**

Estimated Construction Cost (\$ \_\_\_\_\_ + 1000 X \$12 or \$15\*) \*see Fee Schedule = Permit Fee: \_\_\_\_\_ (\$50 MINIMUM)

Additional fee may be applicable if Certificate of Occupancy is needed.  Yes  No

**TOTAL FEES** \$ \_\_\_\_\_

**IDENTIFICATION (Type or Print Clearly)**

OWNER OR Name \_\_\_\_\_ Phone \_\_\_\_\_  
 LESSEE \_\_\_\_\_

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

APPLICANT Name \_\_\_\_\_ Phone \_\_\_\_\_

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

CS License/Registration # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement License \_\_\_\_\_ Exp. Date \_\_\_\_\_

The applicant warrants the truthfulness of the information in the application, and that if any of the information provided is incorrect, the building permit may be revoked. I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.

Signature of Contractor / Owner / or /Agent (person responsible for permit) \_\_\_\_\_ Print Name \_\_\_\_\_

# **REQUIRED DOCUMENTS FOR A COMPLETE BUILDING PERMIT APPLICATION**

**\*PLEASE INCLUDE THIS FORM WITH YOUR COMPLETED APPLICATION\***

**IF YOU DO NOT HAVE ALL OF THE FOLLOWING INFORMATION,  
THIS APPLICATION PACKAGE IS INCOMPLETE AND MAY NOT BE ACCEPTED**

**MOST projects require Health Department review. Please discuss your scope of work with  
Health prior to submitting application.**

**For BOH use only:**

**Needs approval**

**Does not need approval**

- 1 COPY OF COMPLETED APPLICATION** – All information must be provided. (N/A may be used if appropriate) Must be typed or written legibly. Map/Parcel available at Assessor’s office or online through the Wayland GIS.
- MINIMUM 2 COPIES OF STAMPED BUILDING PLANS FOLLOWING ALL RELATED DEPARTMENTS’ SIGN OFFS** Including Construction Specifications, all required design certifications, placement of Smoke, Heat, and Carbon Monoxide Detection and Alarm Systems. 1 copy to be stamped and returned to applicant.
- SOLID WASTE DISPOSAL FORM** (N/A may be used if appropriate)
- PHOTOCOPY OF CONSTRUCTION SUPERVISOR’S LICENSE & HOME IMPROVEMENT CONTRACTOR’S LICENSE**
- WORKER’S COMPENSATION INSURANCE AFFIDAVIT**
- CERTIFICATE OF LIABILITY INSURANCE**
- PERMIT FEE** – \$12 per \$1000 of Total Cost of Construction for the majority of applications, for new construction and commercial work its \$15 per \$1000 of Total Cost of Construction.

## **IF APPLICABLE:**

- 1 COPY OF CERTIFIED SITE PLAN** – **FOR ALL NEW BUILDINGS AND ADDITIONS** (Horizontal and Vertical). Showing size and location of all existing and proposed buildings, driveway, lot coverage and setbacks.
- 1 COPY ENERGY CALCS** – **FOR ALL NEW CONSTRUCTION OR HEATED ADDITIONS**. See current Stretch Energy Code for Requirements, including verification of Energy Star Rating of Windows and Doors.
- 1 COPY OF YOUR DEED/PLAN FOR VACANT LOT** – From the Middlesex County Registry of Deeds or Land Court, whichever is applicable.

**IF THE HOMEOWNER IS DOING THE WORK THEMSELVES AND SERVING AS GENERAL CONTRACTOR FOR RESIDENTIAL PROJECTS:**

- CONSTRUCTION SUPERVISOR EXEMPTION AFFIDAVIT & HOME IMPROVEMENT CONTRACTOR AFFIDAVIT**

## **MODULAR HOMES**

Submit plans approved by Division of Inspection & evidence of 3<sup>rd</sup> party engineering review.

Project **REQUIRES** Construction Supervisor License for foundation. Homeowner may NOT pull permit, submit manufacturer’s certification of installer/set crew.