TOWN OF ASHBY 895 Main Street Ashby, MA 01431

Application for Building Permit

For Office Use Only
Fee:
Rec'd:
Accepted:
Issued:
Denied:
Pormit No:

Building Permit issued pursuant to Mass Building Code Requirements

							i citilitivo.										
Location of Property (No. & Street)					Мар	p Parcel Lot											
Name & Address of Property Owner																	
Name & Address of Architect/Engineer																	
Registration Number					Telephone	e: ()											
Name & Address of Builder/License Holder																	
Construction Supervisors' License # Signature (required)																	
Zoning	Type of Permit:		New		Addition		Certificate of Oc	ccupancy									
			Repair		Demolition		Alteration	_Other									
Current Use:				sed use:													
If a Residence, # of Dwelling Units				roup		Estimate C											
What is Construction Type?																	
Height of Structure (ft): Total Sq. Footage:							Number of Stories:										
Does the Proposed Project Require a Variance and/or Special Permit?YesNo																	
If Yes, and a Decision Has Been Issued, Please give Decision Number.																	
If Proposed Work Within Historic District, Give Commission Approval Date																	
Is Proposed Work, Including Grading, Within 100 Ft of a Wetland or 200 Ft of a Perennial Stream? Yes No																	
Waste Disposal Company Disposal Site Address																	
Demolition: Has Dept Notification Form Been Completed Yes No N/A																	
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (Do not indicate, "see attached plans". Please be specific)																	
Departmer	nt		Sign	ature & D	Date		Comments										
Tax Collector																	
Board of Health																	
Conservation Planning Board																	
Highway																	
Fire Chief																	
Are the following	included?		YES	S NO	I have provide	ed the above	e information and it is c	orrect to the best of my									
Occupying street		lk	(1)	, 110	knowledge.												
Electrical		(1)		Cignoture of Owner or Authorized Agent													
Plumbing Gas Fitting (1) Heating (mechanical) (1) (2) Oil Storage (1) Air Conditioning (1) (2) Fire Suppression (mechanical) (1) (3) Fire Detection (3) (1)					Signature of Owner or Authorized Agent												
					Print Name												
					T THE TAINS												
					Address												
					City State ZIP												
														Daytime Phone () APPROVED			
									Notes: 1. Requires s				APPROVE	U			
Notes: 2. Heat loss info required					Inspectors Name and Title												
Notes: 3. Stamped plan required																	