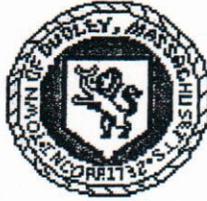


TOWN OF DUDLEY

MASSACHUSETTS



DEMOLITION PROCEDURE AND POLICY

ARTICLE XXXIX DEMOLITION DELAY FOR STRUCTURES OF HISTORICAL OR ARCHITECTURAL SIGNIFICANCE BY-LAW

Declaration of Policy

Finding that the economic, cultural and aesthetic standing of the Town of Dudley can best be maintained and enhanced by due regard for the historical and architectural heritage of the Town and by striving to discourage the destruction of such cultural assets, it is hereby declared as a matter of public policy that the protection, enhancement, perpetuation and use of structures of historical and architectural significance located within the Town of Dudley in a public necessity and is required in the interest of the prosperity, civic pride and general welfare of the people.

My signature below states that I have read the above, understand it and agree NOT to demolish, take apart, deface or destroy the structure during the waiting period (up to 12 months as determined by the Dudley Historical Commission) OR I can be subject to a fine/violation AND no building permit shall be issued for a period of five (5) years from the date of the completion of such demolition.

Date

Print Name of Applicant

Applicant Signature



TOWN OF DUDLEY BUILDING DEPARTMENT

PLEASE NOTE:

ALL DEPARTMENTS NEED TO SIGN OFF BEFORE THE BUILDING DEPARTMENT WILL ACCEPT ANY APPLICATION FOR REVIEW!

PROJECT ADDRESS: _____

Property Owners Name _____

Property Owners Address _____

Contractor/Business Name _____

Contractors Address _____

TAX COLLECTOR/ TREASURER

Unpaid bill (Contact Tax Collector for more information) _____

Completed by _____

Date _____

BOARD OF HEALTH

Approved by _____

Date _____

SEWER DEPARTMENT

Approved by: _____

Date: _____

WATER DEPARTMENT

Approved by: _____

Date _____

CONSERVATION COMMISSION

Approved by _____

Date _____

FIRE PROTECTION REVIEW

Approved by _____

Date _____



The Commonwealth of Massachusetts
Board of Building Regulations and Standards
Massachusetts State Building Code, 780 CMR

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

FOR
MUNICIPALITY
USE
Revised Mar 2011

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: _____		1.2 Assessors Map & Parcel Numbers	
1.1a Is this an accepted street? yes _____ no _____		Map Number _____	Parcel Number _____
1.3 Zoning Information:		1.4 Property Dimensions:	
Zoning District _____	Proposed Use _____	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 <input type="checkbox"/> Private <input type="checkbox"/>	1.7 Flood Zone Information: Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>	1.8 Sewage Disposal System: Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
---	--	---

SECTION 2: PROPERTY OWNERSHIP¹

2.1 Owner¹ of Record:

Name (Print) _____ City, State, ZIP _____
No. and Street _____ Telephone _____ Email Address _____

SECTION 3: DESCRIPTION OF PROPOSED WORK² (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 Work²: _____

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 ³ (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: OWNER¹ 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 Information on the Construction Supervisor License can be found at 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.) _____

Number of fireplaces _____

Number of bathrooms _____

Type of heating system _____

Type of cooling system _____

Habitable room count _____

Number of bedrooms _____

Number of half/baths _____

Number of decks/ porches _____

Enclosed _____ Open _____

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

**BUILDING DEPARTMENT
REQUIREMENTS FOR DEMOLITION
PERMIT**

I. Date: _____

II. Site Data:

1. Location: _____

2. Type of Construction: _____

3. Age of Facility: _____

4. Prior Use: _____

5. Owner: _____

6. Owner's Address: _____

7. Owner's Phone: day () _____ evening () _____

III. Utilities Cut-Off: (Signature of Authorized Representative of Utility/Department required)

1. Gas Company: _____
(Name) (Title)

2. Electric Company: _____
(Name) (Title)

3. DPW Department: _____
(Name) (Title)

4. Sewer Dept: _____
(Name) (Title)

5. Health Dept: _____
(Name) (Title)

NOTE: As required by Massachusetts State Building Code, Article I. Section 116.0, a demolition permit will not be issued until release is obtained that the respective services have been removed.

IV. Mass. Dept. of Environmental Quality Engineering – Notification

Date Filed

1. Regulation 310 CMR 7.00
(Demolition of Industrial, Commercial,
Institutional Buildings, and 20+ unit
Residences)

2. Regulation 310 CMR 7.15
(Demolition of any facility containing
asbestos)

Building Inspector

Date Approved

Permit #

Permit Fee

AFFIDAVIT

As a result of the provisions of MGL c 40, S54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150 A.

I certify that I will deliver to the Building Official a copy of the solid waste disposal facility slip where the debris, resulting from the said construction activity, was disposed of and will be attached to the Building Permit.

If the debris will not be disposed of as indicated, the holder of the permit shall notify the building official, in writing, as to the location where the debris will be disposed.

Name of Waste Facility

Address of Facility

Print or type the following information:

Name of Permit Applicant

Firm Name, if any

Date

Signature of Permit Applicant