



# Town of Dudley Building Department

## Residential Building Permit Application

Roofing, Siding, Doors & Window Replacements, NO STRUCTURAL CHANGES

Map # Parcel# Zoning Permit # Fee\$

Property Address		Date Applied		Cost\$
Owner of Record				
Name		City, State, Zip Code		
Description of Proposed Work				
Construction Supervisor License (CSL)				
Name		CSL #	Expiration Date	Type
Address		Phone #	Email Address	
Registered Home Improvement Contractor (HIC)				
Name		HIC #	Expiration Date	Type
Address		Phone #	Email Address	

**Homeowner Exemption Form To be signed only if homeowner is performing the work.**

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 single family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. By signing this form the "homeowner" shall be responsible for all such work performed under the building permit issued. (Section 109.1.1) NOTE: Homeowners should also be aware that Under the Home Improvement Contractor Law of 1992(MGLc.142A) that if the homeowner applies for the building permit, he/she may NOT be eligible for compensation from the Guaranty Fund should a disagreement develop between the homeowner and the contractor.

Homeowner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Debris Disposal Affidavit**

In accordance with the provisions of MGL C40 S54, a condition of your Building Permit is the debris resulting from this work shall be disposed of in a properly licensed solid waste facility as defined by MGL C111 S150A.

Name and Address of Disposal Facility \_\_\_\_\_

Building Commissioner Nelson Burlingame \_\_\_\_\_ Date \_\_\_\_\_



**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 \_\_\_\_\_

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**TAX COLLECTOR/ TREASURER**

Unpaid bill (Contact Tax Collector for more information) \_\_\_\_\_

Completed by \_\_\_\_\_

Date \_\_\_\_\_

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**BOARD OF HEALTH**

Approved by \_\_\_\_\_

Not Needed

Date \_\_\_\_\_

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**SEWER DEPARTMENT**

Approved by: \_\_\_\_\_

Not Needed

Date: \_\_\_\_\_

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**WATER DEPARTMENT**

Approved by: \_\_\_\_\_

Not Needed

Date \_\_\_\_\_

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**CONSERVATION COMMISSION**

Approved by \_\_\_\_\_

Not Needed

Date \_\_\_\_\_

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**FIRE PROTECTION REVIEW**

Approved by \_\_\_\_\_

Not Needed

Date \_\_\_\_\_