



TOWN OF CANTON, MA BUILDING DEPARTMENT APPLICATION FOR BUILDING PERMIT

Construct, Repair, Renovate or Demolish a One or Two Family Dwelling

This Section For Official Use Only					
Building Permit Number: _____			Date Applied: _____		
Signature: _____ Building Commissioner/ Inspector of Buildings _____ 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: Zoning District _____ Proposed Use _____			1.4 Property Dimensions: 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 OWNERSHIP ¹					
2.1 Owner ¹ of Record:					
Name (Print) _____			Address for Service: _____		
Signature _____			Telephone _____		
SECTION 3: DESCRIPTION OF PROPOSED WORK ² (check all that apply)					
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Number of Units _____		Other <input type="checkbox"/> Specify: _____	
Brief Description of Proposed Work ² : _____ _____ _____					
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:	\$ _____				

