



The Commonwealth of Massachusetts  
State Board of Building Regulations and  
Standards  
Massachusetts State Building Code  
780 CMR 8<sup>th</sup> Edition

Town of Becket  
557 Main Street  
Becket, MA 01223  
(413) 623-8934 ext. 14  
Fax (413) 623-6036

APPLICATION FOR A CHANGE THE USE IN A ONE OR TWO FAMILY DWELLING

This Section for Official Use Only

Date Received \_\_\_\_\_

Signature \_\_\_\_\_  
Building Commissioner / Inspector of Buildings

Date Issued \_\_\_\_\_

Edition of Code used \_\_\_\_\_

SECTION 1 - SITE INFORMATION

1.1 Property Address

\_\_\_\_\_

1.3 Zoning Information

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

1.5 Building Setbacks (Ft)

Front Yard  
Required \_\_\_\_\_ Provided \_\_\_\_\_

Side Yards

Required \_\_\_\_\_ Provided \_\_\_\_\_

Rear Yard

Required \_\_\_\_\_ Provided \_\_\_\_\_

1.6 Water Supply (M.G.L.c.40 § 54)

Public ☐ Private ☐

1.7 Flood Zone Information

Zone: \_\_\_\_\_ Outside Flood Zone ☐

1.8 Sewage Disposal System

Municipal ☐ On Site Disposal System ☐

1.2 Assessors Map & Parcel Number

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

1.4 Property Dimensions

Lot Area (Sq. Ft.) \_\_\_\_\_ Frontage \_\_\_\_\_

SECTION 2 - PROPERTY OWNERSHIP/ AUTHORIZED AGENT

2.1 Owner of Record:

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Address for Service \_\_\_\_\_

Telephone Number \_\_\_\_\_

2.2 Authorized Agent

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Address for Service \_\_\_\_\_

Telephone Number \_\_\_\_\_

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor

Not Applicable ☐

Licensed Construction Supervisor \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

3.2 Registered Home Improvement Contractor

Not Applicable ☐

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_

Registration Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Telephone Number \_\_\_\_\_



**SECTION 4 - WORKER'S 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 5 - DESCRIPTION OF PROPOSED WORK (Check all applicable)**

New Construction ☐ Existing Building ☐ Repair(s) ☐ Alteration(s) ☐ Addition ☐  
Accessory Bldg. ☐ Demolition ☐ Other ☐ Specify:  
Brief Description of Proposed Work:

**SECTION 6 - ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only
1. Building	_____	Building Permit Fee Multiplier _____
2. Electrical	_____	Building Permit Fee _____
3. Plumbing	_____	Check Number _____
4. Mechanical (HVAC)	_____	.
5. Fire Protection	_____	
6. Total (1 + 2 + 3 + 4 + 5)	_____	

**SECTION 7A - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR 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.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**SECTION 7B - OWNER / AUTHORIZED AGENT DECLARATION**

I, \_\_\_\_\_, as Owner / Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**SECTION 8 - TOWN COLLECTOR**

Pursuant to Massachusetts General Laws, Chapter 40, Section 57, (8/1/94) which provides for the denial, revocation, or suspension of local licenses and permits to any person, corporation, or business enterprise who has neglected or refused to pay any local taxes, fees, assessments betterments, or any other municipal charges:

You May Proceed ☐

You May Not Proceed ☐

with the application for the attached license or permit.

\_\_\_\_\_  
Town Collector

\_\_\_\_\_  
Town Collector

Date issued \_\_\_\_\_