

# APPLICATION FOR BUILDING PERMIT

**TWO (2) SETS OF PLANS MUST ACCOMPANY THIS APPLICATION**

## TOWN OF FAIRHAVEN



Permit No. \_\_\_\_\_

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

Location \_\_\_\_\_  
Of \_\_\_\_\_  
Job \_\_\_\_\_

Zoning: \_\_\_\_\_  
Plot (s) \_\_\_\_\_  
Lot (s) \_\_\_\_\_

Applicant:	Name	Address	Phone	License #
Owner				
Contractor				
Architect				
Engineer				

### Type of Improvement:

- ( ) New Bldg.      ( ) Alterations      ( ) Foundation  
( ) Addition      ( ) Garage      ( ) Accessory  
( ) Moving      ( ) Pool      ( ) Deck  
( ) Sign      ( ) Other

### Proposed Use:

- ( ) Residential      ( ) Non-Residential  
No. of Dwelling Units \_\_\_\_\_  
Use Group \_\_\_\_\_

Work Description: \_\_\_\_\_

<b>Construction Characteristics:</b> ( ) Masonry (Bearing) ( ) Wood Frame ( ) Structural Steel ( ) Reinforced Concrete ( ) Post and Beam ( ) Other _____  ( ) Foundation _____ Masonry _____ Poured	<b>Type of Sewage Disposal:</b> ( ) Private      ( ) Town  <b>Type of Water Supply:</b> ( ) Private      ( ) Town  <b>Heating &amp; Fuel</b> ( ) Gas      ( ) H.V.A.C. ( ) Oil      ( ) Cen. Htg. ( ) Elec.      ( ) Other	<b>Dimensions:</b> <b>Building</b> Width _____ Length _____ Height _____  <b>Lot</b> Frontage _____ Area _____  <b>Parking Spaces Provided</b> _____  <b>Lot Coverage</b> _____
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Yes      No

### Building Department Use Only

Yes      No

Controlled Const.      ( )      ( ) \_\_\_\_\_ Flood Zone      ( )      ( ) Zone \_\_\_\_\_  
Conservation Comm.      ( )      ( ) \_\_\_\_\_ Planning Board      ( )      ( ) \_\_\_\_\_  
Health Department      ( )      ( ) \_\_\_\_\_ Fire Dept. Permit#      ( )      ( ) \_\_\_\_\_  
Variance      ( )      ( ) \_\_\_\_\_ Special Permit      ( )      ( ) \_\_\_\_\_

I, the undersigned Owner, hereby apply for a Building Permit and agree to comply with the Massachusetts State Building Code and all other applicable codes and laws pertaining to the above approved project.

Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned Licensed Construction Supervisor, agree to perform and be responsible for all work approved under this application in conformance with Appendix Q of the Massachusetts State Building Code.

Contractor's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_ Fee: \_\_\_\_\_



# Town of Fairhaven

## Tax Collector

40 Center Street  
Fairhaven, Ma. 02719

### Tax Collector Certification of Tax Status

(Authorized by Special Town Meeting May 06, 1995 and MGL. Chapter 40 S57)

**MUST BE FILLED OUT COMPLETELY BY APPLICANT  
OR WILL NOT BE PROCESSED BY THE TAX COLLECTOR'S OFFICE**

Requesting Department \_\_\_\_\_

Name of Applicant \_\_\_\_\_

### REAL ESTATE TAX

Assessed Owner \_\_\_\_\_

Real Estate Property Address \_\_\_\_\_

Assessors Map \_\_\_\_\_ Lot \_\_\_\_\_

### PERSONAL PROPERTY TAX

Name of Business (if applicable) \_\_\_\_\_

Assessed Owner \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_  
The above property address and applicant have been compared to our tax records and, as of this date the applicant does not have any outstanding tax liability to the Town

Tax Collector or Representative \_\_\_\_\_ Date \_\_\_\_\_