



TOWN OF OAK BLUFFS
BUILDING DEPARTMENT
508-693-3554 Ext. 123
buildingadmin@oakbluffsma.gov

RESIDENTIAL EXPRESS PERMIT APPLICATION

FEE: \$75.00
APPLICATION #:

CHECK #:
PERMIT #:

MAP _____ PARCEL _____

OWNER'S NAME: _____

PHONE #: _____ EMAIL: _____

Construction Address: _____

SIGN OFFS: Assessor: _____ Tax Collector: _____ Conservation Commission: _____ Board of Health: _____

HISTORICAL DISTRICTS: *OBHC*: Yes [] No [] *MVCMA*: Yes [] No [] *CCHDC*: Yes [] No []

COPELAND: Yes [] No []

WETLANDS: Yes [] No []

WORK TO BE PERFORMED

Absolutely NO Header Changes or Structural Work With This Permit

- [] Replace Windows #: _____ Indicate which rooms (on back) as well as type of window/U Value
- [] Replace Doors #: _____
- [] Replace decking (no structural) Type of decking: _____
- [] Replace Siding # of sq. _____ Type: _____
- [] Re-roof # of sq. _____ Type of shingle: _____ Strip old shingles Yes [] No []
- [] Fence _____ Over 7' requires permit
- [] Shed** _____ size < 100 sq ft, 5' side/rear setback, > 100 sq ft Appendix B side/rear setback

****ALL NEW SHEDS REQUIRE A PLOT PLAN W/APPLICATION – NO EXCEPTIONS**

DESCRIBE WORK AND EXISTING CONDITIONS ON SEPARATE PAPER. SUBMIT PLANS WHEN REQUIRED

Estimated Cost of Project: \$ _____ Disposal/Dumpster Firm for Debris: _____
REQUIRED

Contractor's Name: _____ Mailing Address: _____

Phone: _____ Email: _____ for permit notification

Construction Supervisor Lic #: _____ Expiration Date: _____ HIC Registration #: _____
REQUIRED FOR WORK ON EXISTING DWELLINGS

Worker's Compensation Insurance: WORKER'S COMPENSATION AFFADAVIT ON REVERSE SIDE OF THIS APPLICATION MUST BE COMPLETED

I am a: [] Homeowner Performing all work [] Contractor CSL #: _____ Exp Date: _____
[] HIC #: _____ Exp Date: _____ REQUIRED

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 and Sign Name

Date

Persons contracting with unregistered contractors do not have access to the guaranty fund as set forth in M.G.L. c 142A.
I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268 Section 1.

Applicant's Signature: _____ Date: _____
Print Name and Signature

Building Inspector's Signature: _____ Date: _____

PERMITS MUST BE VISIBLE FROM THE MAIN ACCESS STREET TO PROJECT