



TOWN OF ROCKPORT BUILDING DEPARTMENT

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

IMPORTANT -Applicant to complete all items

I. LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) Watershed Protection District...Yes/No _____ Wetlands...Yes/No _____ Historic District ...Yes/No _____ Flood Plain...Yes/No _____	ZONING DISTRICT _____ LOT SIZE _____
	SUBDIVISION _____ MAP _____ LOT _____ BLOCK _____	

II. TYPE AND COST OF BUILDING

A. TYPE OF IMPROVEMENT <input type="checkbox"/> New Building <input type="checkbox"/> Addition - <i>Specify</i> _____ <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, Replacement <input type="checkbox"/> Foundation only <input type="checkbox"/> Other - <i>Specify</i> _____	<table style="width: 100%;"> <tr> <td style="width: 60%;">D. PROPOSED USE</td> <td style="width: 40%; text-align: right;">CHANGE OF USE YES/NO</td> </tr> <tr> <td> Residential <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family - <i>Enter number of units</i>----> _____ <input type="checkbox"/> Transient hotel, motel or Dormitory <i>Enter number of units</i>→ _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other - <i>Specify</i> _____ </td> <td style="vertical-align: top;"> IF YES Current Use _____ PROPOSED USE _____ </td> </tr> </table>	D. PROPOSED USE	CHANGE OF USE YES/NO	Residential <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family - <i>Enter number of units</i> ----> _____ <input type="checkbox"/> Transient hotel, motel or Dormitory <i>Enter number of units</i> → _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other - <i>Specify</i> _____	IF YES Current Use _____ PROPOSED USE _____
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B. OWNERSHIP <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Public (Federal, State or Local Government)	Nonresidential - Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary School, secondary school, college, parochial school, parking garage for Department store, rental office building at industrial plant. If use of existing building is changed, enter proposed use.				
C. Estimate of Improvement \$ _____	_____ _____				

DESCRIPTION OF WORK TO BE PERFORMED

III. SELECTED CHARACTERISTICS OF BUILDING -

E. CHIMNEYS & FIREPLACES No. & type of chimneys _____ No. & type of fireplaces _____ Name of Mason _____	G. TYPE OF SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Private (septic tank, etc.)	J. DIMENSIONS Number of stories..... _____ Building Length..... _____ Building Width..... _____ Building Height..... _____ (Average grade to top of roof)	
	H. TYPE OF WATER SUPPLY <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (well, cistern)		
F. PRINCIPAL TYPE OF HEATING FUEL <input type="checkbox"/> Gas ** <input type="checkbox"/> Oil Hot Air/Hot Water <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Other - <i>Specify</i> _____	I. TYPE OF MECHANICAL Will there be central air Conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	K. NUMBER OF OFF STREET PARKING SPACES Enclosed..... _____ Outdoors..... _____	
		L. RESIDENTIAL BUILDINGS ONLY Number of Bedrooms..... _____ Number of Full..... _____ Bathrooms Partial..... _____	

HAS THIS PROPERTY BEEN TO THE BOARD OF APPEALS YES/NO
 ** Please indicate whether hot air or hot water for oil heat

- M. Construction: Frame () Brick Veneer () Stone Veneer () Stone () Stucco ()
Concrete () Cinder Block () Other _____
- N. Type of Foundation Walls: Block Fdns. () Poured Fdns. () Brick Fdns. () Stone ()
Other (Specify) _____
- O. Size of footings _____ Depth of Footings _____
- P. Type of Roofing: Asbestos Shgl. () Built up Rfg. () Asphalt Shgl. () Tar and Gravel Rfg. ()
Slate Rfg. ()
- Q. Will building be erected on solid or filled land? _____
- R. Provisions for surface drainage: Dry Wells () City Drain ()
- S. Insulation R values: Roof/ceiling _____ Exterior Walls _____ Foundation _____
Basement ceiling (unheated basement) _____
- T. Insulated Glass: Windows Yes/No Permanent Storm Windows/Doors Yes/No
- U. Sprinkler System provided... Yes/No
- V. Design Live Loads: 1st flr _____ 2nd flr _____ Roof _____ Other _____
- W. Type of Finished Floor: Hard () Soft () Tile ()
- X. Type of Inside Finish: Plastered () Sheetrock () Sheathing () Other (Specify) _____
- Y. Specify Grade of all Structural Material _____
- Remarks:

Applicant agrees to give the Inspector of Buildings 24 hours notice before lathing, plastering or closing-in studding on this building. The building will conform to the requirements of the law.

NOTE: All applications for New buildings and Large Additions shall be accompanied by one (1) copy of plans and specifications. Applications for small additions, sheds etc. shall be accompanied by one (1) copy of plans and specifications.

An accurate Site Plan shall accompany all applications

Building Plans a & Specifications and Site Plans shall be in sufficient detail to allow Building Official to determine compliance with the Building Code and the Town of Rockport's Zoning Bylaws.

OCCUPANCY OF BUILDING/STRUCTURE AUTHORIZED BY BUILDING PERMIT IS PROHIBITED UNTIL OCCUPANCY PERMIT IS ISSUED BY INSPECTOR OF BUILDINGS

IV. IDENTIFICATION - To be completed by all applicants				
Name	Mailing address - <i>Number, street, city and State</i>		ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor		Email Address:	Builder's License No.	
3. Architect or Engineer				
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.				
Signature of Applicant		Address		Application Date