

Commonwealth of Massachusetts  
**TOWN OF NORTHFIELD**  
**BUILDING PERMIT APPLICATION**

Permit # \_\_\_\_\_  
Fee \$ \_\_\_\_\_

*Applicant/builder needs to be aware that not all roads in the TOWN OF NORTHFIELD are maintained year round. It is the applicant/builder's responsibility to assess if the CURRENT condition of the road is adequate for their needs before building.*

Location of Building: \_\_\_\_\_  
(Street and Number)

Circle Side of Street:    N   S   E   W        Nearest Intersecting Street: \_\_\_\_\_

**CHECK APPROPRIATE DESCRIPTION OF STRUCTURE OR USE:**

- ONE-FAMILY RESIDENCE
- TWO-FAMILY         MULTI-FAMILY
- ADDITION
- GARAGE
- BARN                     STORAGE SHED
- POOL ABV-GRND     INGROUND
- SOLAR HEAT         SUNROOM
- INT/EXT STRUCTURAL RENOVATIONS
- DEMOLITION
- CHG OF USE OR OCCUPANCY/EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

OTHER: EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR ALL NEW RESIDENTIAL STRUCTURES:**

Is there a source of potable water on the site?  
\_\_\_\_\_ Source? \_\_\_\_\_

Will the sewage disposal system be:

- PUBLIC                     PRIVATE

Is structure to be Residential, Commercial or Industrial? \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Sq. Ft. Floor Space – Living  
\_\_\_\_\_ Sq. Ft. Floor Space – Other  
\_\_\_\_\_ Total Height of Structure  
\_\_\_\_\_ # of Occupants  
\_\_\_\_\_ # of Parking Spaces Provided

**OWNER INFORMATION**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mailing Address:  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_  
State/Zip: \_\_\_\_\_

Builder's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

License #: \_\_\_\_\_ Phone: \_\_\_\_\_

The owner of this building and the undersigned, agree to conform to all applicable laws of the town and state.

**SIGNATURE OF OWNER OR AUTHORIZED AGENT:**

Address: \_\_\_\_\_  
\_\_\_\_\_

|

**PROVIDE AN INFORMAL PLOT PLAN IN THE SQUARE BELOW INDICATING THE FOLLOWING:**

1. Location of existing structures on the lot.
2. Proposed location of the new structure, addition, etc., and its distance from lot lines.
3. Location of all wetlands or streams and their distance from the new structure, addition, etc.

|                       |                 |
|-----------------------|-----------------|
| Name of Street: _____ | Frontage: _____ |
|-----------------------|-----------------|

Building Lot Size (Acres or Sq. Ft.): \_\_\_\_\_

Building will be how near the street line? \_\_\_\_\_

Building will be how near the line of adjoining lots? (From street looking at lot):  
 Right \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_

Are you building in a flood plain? \_\_\_\_\_ If so, indicate flood zone and elevation data: \_\_\_\_\_

Will any portion of the construction be taking place within 100' of a wetland or 200' from a stream (includes excavation or other earthwork)? \_\_\_\_\_

If so, or if you are not sure, contact your local Conservation Commission.

|  | <b>Signatures of Local Compliance</b> | <b>Title</b>          |
|--|---------------------------------------|-----------------------|
| 1. Smoke Detection System Approved                                   | _____                                 | Fire Chief            |
| 2. Approval of Perk Test, Septic Design, and water test, if required | _____                                 | Board of Health       |
| 3. Complies with local Zoning Bylaws                                 | _____                                 | Building Commissioner |
| 4. Approval of Nfld Building Inspector                               | _____                                 | Building Commissioner |
| 5. Approval of Highway Superintendent                                | _____                                 |                       |
| 6. Conservation Commission, if required                              | _____                                 |                       |

OWNER: \_\_\_\_\_ SPECIFICATION SHEET – ATTACH (3) SETS OF PLANS

FOUNDATION

Footing Size \_\_\_\_\_ X \_\_\_\_\_ Depth Below Grade \_\_\_\_\_  
Foundation Wall Type \_\_\_\_\_ Thickness \_\_\_\_\_ Height \_\_\_\_\_  
Foundation Insulation Type \_\_\_\_\_ Thickness \_\_\_\_\_  
Foundation Coating Type \_\_\_\_\_ Drainage \_\_\_\_\_

FRAMING DIMENSIONS

Lumber Grade \_\_\_\_\_ Specie \_\_\_\_\_  
Carrying Beam Type \_\_\_\_\_ Size \_\_\_\_\_ Max Span \_\_\_\_\_  
Column Size \_\_\_\_\_ Type \_\_\_\_\_  
Max Distance Between Columns \_\_\_\_\_  
Joist – First Floor \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Span \_\_\_\_\_  
Joist – Second Floor \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Span \_\_\_\_\_  
Joist - Ceiling \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Span \_\_\_\_\_  
Studding Bearing \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_  
Studding Other \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_  
Roof Rafters \_\_\_\_\_ X \_\_\_\_\_ O/C \_\_\_\_\_ Horiz. Span \_\_\_\_\_  
Roof Pitch \_\_\_\_\_ in \_\_\_\_\_

IF TRUSSES ARE TO BE USED PLEASE FURNISH DESIGN ON SEPARATE SHEET.

Sheathing: Floors \_\_\_\_\_ Walls \_\_\_\_\_ Roof \_\_\_\_\_  
Roofing Type \_\_\_\_\_ Weight/100 sq. ft. \_\_\_\_\_

INSULATION

Type \_\_\_\_\_  
R-Rating or Thickness: Walls \_\_\_\_\_ Floor \_\_\_\_\_ Ceiling \_\_\_\_\_  
Vapor Barrier Type \_\_\_\_\_  
Method of attic and/or Roof Ventilation \_\_\_\_\_

FIRE PROTECTION

Type of Heating System(s) \_\_\_\_\_ Fuel \_\_\_\_\_  
Chimney Flue Size \_\_\_\_\_ X \_\_\_\_\_  
Number of Smoke Detectors \_\_\_\_\_  
Method of Fire Protection Between House & Garage \_\_\_\_\_  
Bedroom Escape Window Size \_\_\_\_\_ X \_\_\_\_\_ (Minimum 20x24 Clear Opening)

EXPLANATION OF ANY ITEMS ABOVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_