

# Town of Winchendon

## Building Permit Application

### Residential & Commercial

978-297-3537

Please print clearly using Black or Blue Ink

<b>1. PROPERTY INFORMATION</b>	Assessor's Map _____ Parcel _____	Agricultural Restrictions Yes _____ No _____
Type of Improvement _____		
Permit Location _____		Zoning District _____

**2. OWNER OF RECORD INFORMATION**

Name: _____	Phone # _____
Address: _____	
Date _____	
If owned for less than two years, previous owner of property & date purchased: _____	

<b>3. CONSTRUCTION SERVICES</b>	Not Applicable <input type="checkbox"/>
Contractor's Name: _____	Phone # _____
Address: _____	License# _____
	Date: _____

**4. WORKERS' COMPENSTION INSURANCE- A Certificate of Insurance indicating Workers's Compensation Insurance and a completed Workers' Compensation Affidavit must be submitted with this application**

**5. HOME IMPROVEMENT REGISTRATION - Home Improvement Registration affidavit must be submitted with this application for all home improvement work proposed.**

**6. DESCRIPTION OF PROPOSED WORK**

New Construction <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>	Accessory Building <input type="checkbox"/>	Other <input type="checkbox"/>
Total Sq Foot _____	# Rooms <input type="checkbox"/>	#Bedrooms <input type="checkbox"/>	#Baths <input type="checkbox"/>	Fireplace <input type="checkbox"/>	Total Sq Ft of land to be disurbed Sq Ft: _____
Above Ground Pool <input type="checkbox"/>	Inground Pool <input type="checkbox"/>	Deck <input type="checkbox"/>	Siding <input type="checkbox"/>	Roof <input type="checkbox"/>	
Size: Width _____ Length _____ Height _____ No. of Stories _____				Setbacks Front _____ Rear _____ Left Side _____ Right Side _____	

Brief Description of Proposed Work: \_\_\_\_\_

\_\_\_\_\_

Complete other side

**7. ESTIMATED CONSTRUCTION COST**

