



Town of Bellingham

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OFFICE OF THE INSPECTIONAL SERVICES

6 MECHANIC STREET
BELLINGHAM, MASSACHUSETTS 0201
(508) 966-5820 OR (508) 966-5821

APPLICATION FOR PLAN REVIEW AND BUILDING PERMIT

NOTE: ELECTRICAL, PLUMBING, GAS PERMITS & INSPECTIONS ARE SEPARATE

DATE:
PERMIT NO:

PROPOSED USE: USE CODE:

OWNER:
ADDRESS:

PHONE - HOME:
PHONE - CELL:

CONTRACTOR:
ADDRESS:
PHONE -BUSINESS
CELL PHONE:
SUPER'S LIC. #:
H.L.C. REG #:

ENERGY REQUIREMENTS ATTACHED YES NO

SIGNATURE OF APPLICANT:
PRINT:
SIGN:

LOCATION OF WORK:
NO:
STREET:

RESIDENTIAL: (CHECK ONE)
SINGLE FAMILY:
TWO OR MORE UNITS: #:
DETACHED GARAGE
HOTEL

NON-RESIDENTIAL: (CHECK ONE)
ASSEMBLY, RECREATIONAL
CHURCH, RELIGIOUS
HOSPITAL OR INSTITUTION
INDUSTRIAL
OFFICE, BANK, PROFESSIONAL
PARKING GARAGE
PUBLIC UTILITY
SCHOOL, EDUCATIONAL
SERVICE OR REPAIR GARAGE
STORES, MERCANTILE
TANKS, TOWERS
OTHER

TYPE OF WORK: (CHECK ONE)
ADDITION: NEW:
ALTERATION: REPAIR:
DEMOLITION: POOL:
FOUNDATION ONLY: SHED:
FENCE: SIDING:
MOVING BUILDING: STOVE: TYPE:
OTHER:

CLASS OF CONSTRUCTION: (CHECK ONE)
CONCRETE: MASONRY:
WOOD: STEEL:
OTHER:

DESCRIPTION OF WORK:

VALUE OF WORK:

SIGNATURES REQUIRED IN ORDER:

FIRE DEPT:
CONCOM
LOT SIZE (SQ.FT.):
PLANNING BOARD:
MAP & PARCEL: /

ASSESSOR: DATE

COLLECTOR: DATE

SEWER:PUBLIC PRIVATE
WATER:PUBLIC PRIVATE

BOH: DATE
ZONING REVIEW :

PERMIT FEE:

APPROVED BY:
BLDG: DATE

* Please fill out shaded areas!