



Application number

Fee

Building Inspectors Initials.....

Date Issued.....

Map/Parcel.....

TOWN OF BARNSTABLE

EXPEDITED PERMIT APPLICATION: ROOF/SIDING/WINDOWS/DOORS/TENTS/STOVES/WEATHERIZATION

PROPERTY INFORMATION

Address of Project: _____
 NUMBER STREET VILLAGE

Owner's Name: _____ Phone Number _____

Email Address: _____ Cell Phone Number _____

Project cost \$ _____ Check *one* Residential _____ Commercial _____

OWNER'S AUTHORIZATION

As owner of the above property I hereby authorize _____
to make application for a building permit in accordance with 780 CMR

Owner Signature: _____ Date: _____

TYPE OF WORK

Siding Windows (no header change) # _____ Insulation/Weatherization

Doors (no header change) # _____ *Commercial Doors require an inspector's review*

Roof (not applying more than 1 layer of shingles)

Construction Debris will be going to _____

CONTRACTOR'S INFORMATION

Contractor's name _____

Home Improvement Contractors Registration (if applicable) # _____ (attach copy)

Construction Supervisor's License # _____ (attach copy)

Email of Contractor _____ Phone number _____

**ALL PROPERTIES THAT HAVE STRUCTURES OVER 75 YEARS OLD OR IF THE SUBJECT PROPERTY IS IN
A HISTORIC DISTRICT, YOU MUST OBTAIN HISTORIC APPROVAL BEFORE A PERMIT CAN BE ISSUED.**

For Tents Only

Date Tent (s) will be erected _____ Removed on _____ number of tents total _____

Does the tent have sides? Yes _____ No _____ (If yes please attach floor plan with exits marked)

Dimensions of each Tent _____ X _____, _____ X _____, _____ X _____

Additional tent dimensions can be attached on a separate piece of paper.

Purpose of Event _____

Check one: this event is a: for profit _____ non-profit event _____

Check one: Food served Yes _____ No _____

Flame Spread Sheet of each tent must be attached. Provide a site plan with the location (s) of each tent

*If food is being served at your event please obtain a Health Department approval between the hours of 8:00am -9:30 am or 3:30 pm-4:30pm. Commercial events may require Fire Department approval.****WOOD/COAL/PELLET STOVES ***

Manufacturer # _____ Model / I.D. _____

Fuel Type _____ Testing Lab _____

Offsets from combustibles: front _____ back _____ left side _____ right side _____

HOMEOWNER'S LICENSE EXEMPTION

Homeowner's Name: _____

Telephone Number _____ Cell or Work number _____

I understand my responsibilities under the rules and regulations for Licensed Construction Supervisor in accordance with 780 CMR the Massachusetts State Building Code. I understand the construction inspection procedures, specific inspections and documentation required by 780 CMR and the Town of Barnstable.

Signature _____ Date _____

APPLICANT'S SIGNATURE

Signature _____ Date _____

All permit applications are subject to a building official's approval prior to issuance.