



**TOWN OF COHASSET**  
 COMMONWEALTH OF MASSACHUSETTS  
 BUILDING DEPARTMENT  
 41 Highland Avenue  
 Cohasset, MA 02025  
 TELEPHONE (781) 383-4112  
 FAX (781) 383-1561

Date _____
Permit No. _____
Fee \$ _____

Building Commissioner  
 Zoning Officer  
**Robert Egan**

**APPLICATION FOR PERMIT TO BUILD NEW CONSTRUCTION**  
**PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

**Location, ownership & detail must be correct, complete & legible. A separate application is required for every structure. Duplicate plans & fee must be filed with this application, with two (2) plot plans showing setbacks of proposed structure, all existing structures, driveways, turnabouts, water lines and septic location.**

Zoning District: \_\_\_\_\_ Map: \_\_\_\_\_ Plot: \_\_\_\_\_ Address: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Owner's Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Former Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Is lot in:  Historic District?  Flood Plain? DEQE # \_\_\_\_\_

Board of Appeals Case Number: \_\_\_\_\_

Lot Size: \_\_\_\_\_ sq.ft. Front: \_\_\_\_\_ ft. Rear: \_\_\_\_\_ ft. Side: \_\_\_\_\_ ft. Side: \_\_\_\_\_ ft.

If lot contains less than 10,000 sq. ft., is it recorded in the Registry of Deeds in Dedham?  Yes  No

If yes: Date: \_\_\_\_\_ Deed #: \_\_\_\_\_ Book#: \_\_\_\_\_ Page #: \_\_\_\_\_

Size of Proposed Structure: Front: \_\_\_\_\_ ft. Rear: \_\_\_\_\_ ft. Side: \_\_\_\_\_ ft. Side: \_\_\_\_\_ ft.

Number of feet from lot lines: Front: \_\_\_\_\_ ft. Rear: \_\_\_\_\_ ft. Side: \_\_\_\_\_ ft. Side: \_\_\_\_\_ ft.

Percentage of lot covered: \_\_\_\_\_ % How will structure be framed?: \_\_\_\_\_

Material of foundation: \_\_\_\_\_ Thickness of foundation: \_\_\_\_\_

Will structure be erected on solid or filled land?: \_\_\_\_\_

Will foundation be laid on earth, rock or piles?: \_\_\_\_\_

Will roof be flat, pitch, hip or mansard? \_\_\_\_\_

Total Sq.Ft. of structure: \_\_\_\_\_ Number of floors?: \_\_\_\_\_ Number of Rooms?: \_\_\_\_\_

Number of: Bedrooms: \_\_\_\_\_ Baths: \_\_\_\_\_ Fireplaces: \_\_\_\_\_ Flues: \_\_\_\_\_

Garage?:  Yes  No If yes:  Attached  Detached  Under

Insulation Type: \_\_\_\_\_ R-Value: \_\_\_\_\_ Walls: \_\_\_\_\_ Attic: \_\_\_\_\_ Foundation: \_\_\_\_\_

Type of Heat: \_\_\_\_\_ Fuel/power type: \_\_\_\_\_ B.T.U./Hr: \_\_\_\_\_

Is Town water available at this location?  Yes  No Well?  Yes  No Approved?  Yes  No

Description of work to be done: \_\_\_\_\_

Contractor: \_\_\_\_\_ Architect: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Lic. #: \_\_\_\_\_ Phone: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_ Cost approved by Building Inspector: \$ \_\_\_\_\_

Call 24 hours in advance of any required inspection. 14 days notice required by Building Dept. & Board of Health for Occupancy sign-off.

One set of plans bearing the approval of the Building Inspector shall be kept on the job site at all times and exhibited on demand of the Building Inspector.

Permits shall become void six (6) months after date of issue unless construction has begun. False statements will result in revocation of permit. The undersigned assumes all responsibility for compliance with the State Building Code and other applicable codes, ordinances, by-laws, rules & regulations of the Town of Cohasset.

Signature of Owner/Authorized Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Date sent to Assessor: \_\_\_\_\_