



Application number .....  
Date Issued.....  
Building Inspectors Initials.....  
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.

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.*