



TOWN OF SAUGUS
INSPECTIONAL SERVICES DEPARTMENT
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

Fred Varone
Inspector of Buildings/ Zoning Officer

Telephone: (781) 231-4116

**INSTRUCTIONS FOR OBTAINING A BUILDING PERMIT FOR NEW
CONSTRUCTION OF SINGLE-FAMILY/TWO-FAMILY HOMES OR
COMMERCIAL BUILDINGS**

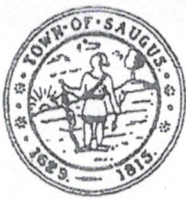
- A) Submit nine (9) copies of a **certified, topographical plot plan**, which show the proposed water and sewer locations. Complete the building application, foundation application, and submit with two (2) complete building plans stamped by the Fire Department for smoke alarms. Three (3) complete building plans stamped by the Fire Department are required for all new commercial buildings. One set of plans must be kept at the site.
- B) Complete the attached nine (9) department applications with a copy of the certified, topographical plot plan. Proposed plot plans will be stamped in and circulated to nine different departments for their review.
- C) See the Plumbing Inspector regarding the I/I sewer fee, sewer permit fee and plumbing permit fee. At this time, the water-tapping fee must be paid at the Department of Public Works.
- D) If all departments approve filed plans, a foundation permit will be issued. After the footing/foundation is complete and damp proofing/water proofing is applied to the foundation, an inspection is then required before back-filling.
- E) A **certified plot plan and survey record showing the topography of the land is required** for the issuance of a building permit. It must also show the exact location of the foundation, sewer, water, gas, cross ties and other utilities. Maximum lot coverage is 25% and the maximum building height is thirty-five (35) feet for single and two family homes.

The Building Inspector's hours in the office are:
Monday through Friday 8:30-9:30 A.M.
Monday through Thursday 12:00-1:00 P.M.
Monday evenings only 5:00-7:00 P.M.

All permits must be paid by check, made payable to the Town of Saugus.

I acknowledge that I have read and understand the above information.

X _____
Applicant signature Date



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SURVEY RECORD

Date _____

Street and
Number _____ Precinct _____ Permit # _____

Name of owner _____ Address _____

Name of Builder _____ Lot Area _____ sq. ft.

Zone District _____ Lot Area _____ sq. ft.

*ARTICLE 1

Section 113.6

Before the issuance of a permit for the erection of a building, a plot plan to scale 1" - 40" must be submitted showing the location of the building on the lot, dimensions of the lot and relation of building to lot lines and street lines. This plot plan shall show to scale the size and location of all the new construction and all existing structures on the site, distance from lot lines and all existing structures on the site, distances from lot lines and the established street grades; and it shall be drawn in accordance with an accurate boundary line survey, done by a registered land surveyor. When forms are in place or trench ready for stone or cement block foundation notice must be given to the commissioner before proceeding with the work. In the case of poured concrete foundation walls, the forms, and in the case of walls of concrete block or stone, the first foot of the wall, when laid, must be surveyed by a registered land surveyor and a copy of the survey filed with the commissioner accompanied by an affidavit of the surveyor that the corners, lot lines, dimensions, offsets and locations of existing buildings and proposed buildings as shown on the survey are correct and comply with the applicable provisions of the Zoning Ordinance.



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TOWN OF SAUGUS
APPLICATION FOR PERMIT TO BUILD OR ALTER

THIS APPLICATION MUST BE PRINTED

Permit Number _____
Fee Amount \$ _____
Date Filed _____
Date Issued _____

Lessee: _____

Owners Name _____ Address _____
City / Town _____ Phone # _____

Architects/ Engineers _____ Address _____
City / Town _____ Phone # _____

Builders Name _____ Address _____
City / Town _____ Phone # _____

Licenses: Improvement # _____ Construction Supervisor # _____

Address Of Performed Work _____

Assessors Map _____ Block _____ Lot _____ Zoning _____ Lot _____ Plan _____

Purpose Of Building Permit _____

How Near Lot Lines: Right _____ Left _____ Rear _____ Street _____ Height _____

Size Of New Construction _____ Method Of Heating _____ fuel _____

Cost Of Completed Work \$ _____

Is Building In Flood Plain ? _____ Wetlands ? _____

RESIDENTIAL

Number Of Families _____ Number Of Stories _____ Height _____

Garage: Under _____ Attached _____ Modular _____ Stick Built _____

Water / Sewer Permit _____ Septic System _____ Wells _____

PUBLIC, COMMERCIAL AND INDUSTRIAL BUILDINGS

Structural Systems Description _____

Height _____ Live Floor Load _____ lbs.sq.ft. Combined Roof Load _____ lbs.sq.ft.

Foundations _____ min. depth Bearing Capacity Of Soil _____ Actual Load _____ sq.ft.

Floor Area _____ sq.ft. Floor Area _____ sq.ft. Sprinkler System? _____

Truss Floor/Roof? _____ Exterior & Fire Walls, Thickness: first floor _____ second

floor _____ third floor _____ Signs: wall _____ free-standing _____ existing _____

ROOFING, SIDING & POOLS

Roofing: Number of Layers _____ Material To Be Applied _____

Siding: Present Siding; wood _____ vinyl _____ asbestos _____

Siding: Materials To Be Applied _____ Number of Squares _____

Pools: In-ground _____ Above-ground _____ Gunite _____ vinyl _____ cement _____

Type & Height of fence _____

Signature of Applicant x _____



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PERMIT TO BUILD FOUNDATION ONLY

Date: _____

Location: _____

MUST CALL FOR INSPECTION BEFORE BACKFILLING

To the Inspector of Buildings,

The undersigned applies for special permission to construct a foundation only, subject to approval of plans, under such conditions as the Inspector may specify in his permit and in 780CMR Section 111.13.

Signature of owner or authorized person

x _____

Address _____

Licensed person in charge _____

Address _____

License Number _____

An inspection is required after waterproofing and before backfilling. An "as built" must be submitted with a surveyors affidavit before the building permit is issued.

Approved by Inspector of Buildings

x _____

Date _____



Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information Please Print Legibly

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|---|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|---|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such. Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



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(781) 231-4116*

In accordance with the provisions of MGL c 40, & 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, & 150A .

This debris will be disposed of in which City or Town :

Street Address _____ City / Town _____

Type of Container for
Transportation _____

X _____
Signature of Permit Applicant

TOWN OF SAUGUS

EFFECTIVE AS OF APRIL 1, 2001

NEW CONSTRUCTION

Owner's Name: _____

Address: _____

Residential Sewer Entrance Fees: \$100.00 per fixture outlet including future fixtures.

Fixture	Basement	1 st Floor	2 nd Floor	Total
WATER CLOSETS				
LAVATORIES				
BATHTUB				
SHOWER STALL				
WASHING MACHINE				
LAUNDRY TRAY				
KITCHEN SINKS				
DISHWASHERS				
BAR SINKS				
TOTAL FIXTURES				

TOTAL FIXTURES x \$100.00 = \$ _____

Any fixtures added to building while under construction must be submit a set of PLANS with extra FIXTURE FEES.

THIS FORM MUST BE SUBMITTED WITH THE BUILDING PERMIT APPLICATION.

SEE Jim Kennedy.
PLUMBING INSPECTOR

After paying Sewer Entrance and Water Tapping fees at the D.P.W., 515. ~~Main~~ Street bring the receipts back to the Plumbing Inspector.

Have your License Drain Layer apply to the Plumbing Inspector for a permit to install water and sewer lines.

Pay additional fixture outlet fees to the Plumbing Inspector.

Pay bedroom fees to the Plumbing Inspector.

A Foundation Permit will not be issued unless all of the above is signed off by the Plumbing Inspector.

TOWN OF SAUGUS
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Chris Coviello
Electrical Inspector

Telephone: (781)231-4123
Fax: (781)231-4109

To: Licensed Construction Supervisors
Subject: Concrete Encased Electrodes

The 2008 NEC Article 250.52 (3) Concrete Encased Electrode as adopted in January of this year by the national Fire Protection Association requires that all qualifying concrete –encased electrodes be connected to the grounding system for the building, unless the building is an already existing structure. A qualifying concrete –encased , reinforcing-steel electrode is

- At least ½ in. in diameter(corresponding to a No. 4 bar, or larger)
- At least 20 ft. in length
- Placed within and near the bottom of a concrete foundation or footing that is in direct contact with the earth.

This means in turn, that for new construction, a connection must be made to such steel electrodes (**where they exist**) using a #4 AWG or larger copper grounding electrode conductor, with the other end of the wire arranged to leave the concrete at some convenient point. This means for connection must be listed by a qualified testing laboratory (such as UL) both with respect to suitability for embedment in concrete as well as reinforcing steel. The electrical connections are covered under MGL Chapter 141 and Chapter 143 Section 3L. Therefore the connection to the electrode must be done by a licensed electrician. IF THERE WILL BE REINFORCING STEEL IN THE FOOTING OR BOTTOM OF A FOUNDATION IN ANY BUILDING, THERE MUST BE AN ELECTRICAL CONNECTION MADE, OR ARRANGE THE STEEL TO EXTEND FROM THE CONCRETE, AND AN ELECTRICAL INSPECTION PERFORMED PRIOR TO THE CONCRETE POUR

ENERGY CONSERVATION APPLICATION FORM FOR LOW-RISE RESIDENTIAL NEW CONSTRUCTION and ADDITIONS 780 CMR Appendix J

Applicant Name: _____
Applicant Address: _____

Site Address: _____
City/Town: _____
Use Group: _____
Date of Application: _____
Applicant Signature: _____

Applicant Phone: _____

Compliance Path (check one):

☐ **Prescriptive Package (Limited to 1- or 2-family wood frame buildings heated with fossil fuels only)**

Package (A through KK from Table J5.2.1b): _____ Heating Degree Days (HDD₆₅) from Table J5.2.1a: _____

(For items d. through i., fill in all values that apply from Table J5.2.1b:)

a. Gross Wall Area _____ sq.ft.	f. Wall R-value R-_____
b. Glazing Area ¹ _____ sq.ft.	g. Floor R-value R-_____
c. Glazing % (100 x b ÷ a) _____ %	h. Basement wall R-_____
d. Glazing U-value U-_____	i. Slab Perimeter R-_____
e. Ceiling R-value R-_____	j. Heating AFUE _____

☐ **Component Performance: "Manual Trade-Off" (Limited to wood or metal framed buildings only)**

Climate Zone (from Figure J6.2.2) ☐ Zone 12 ☐ Zone 13 ☐ Zone 14

Attach *Trade-Off Worksheet* from Appendix J, [and *HVAC Trade-Off Worksheet*, if applicable]

☐ **MAScheck Software**

Attach *Compliance Report* and *Inspection Checklist* printouts

☐ **Home Energy Rating System Evaluation**

Attach Home Energy Rating Certificate (HERS rating score must be 83 or higher)

☐ **Systems Analysis** OR ☐ **Renewable Energy Sources**

Attach Mass Registered Architect or Engineer Analysis

ALTERNATIVE FOR ADDITIONS ONLY:

a. Gross Wall + Ceiling Area _____ sq.ft. b. Glazing Area¹ _____ sq.ft. c. Glazing % (100 x b ÷ a) _____ %

☐ **ADDITION with Glazing % (c.) up to 40% may use 780 CMR Table J1.1.2.3.1 below:**

MAXIMUM U-value	MINIMUM R-Values				
Fenestration ²	Ceiling ³	Wall	Floor	Basement Wall	Slab Perimeter, Depth
0.39 ²	R-37	R-13	R-19	R-10	R-10, 4 ft

¹ Glazing Area may be either Rough Opening or Unit dimensions.

² Based on NFRC listing. Applies either to every unit, or to area-weighted average of all units.

³ R-30 ceiling insulation may be used in place of R-37 if the insulation achieves the full R-value over the entire ceiling area (i.e.- not compressed over exterior walls, and including any access openings.)

☐ **"SUNROOM" addition (greater than 40% glazing-to-wall and ceiling gross area)**

Attach "Consumer Information Form" from 780 CMR Appendix B.

Official's Name: _____

Official's Signature: _____

Application Approved ☐ Denied ☐

Date of Approval/Denial: _____

Reason(s) for Denial: (provide additional details as needed on back side)

COMMONWEALTH OF MASSACHUSETTS

TOWN OF SAUGUS

FEE \$ _____

DATE _____

APPLICATION FOR PERMIT TO PLACE FILL

In accordance with the provisions of the Regulations promulgated with authority of Section 31, of Chapter 111 of the General Laws of the Commonwealth of Massachusetts application for a permit to place fill is made by: (Print or Type)

NAME OF APPLICANT _____

BUSINESS ADDRESS _____

TELEPHONE NO. _____

LOCATION/ADDRESS WHERE FILL IS COMING FROM _____

TYPE OF FILL (gravel, sand, loam, etc.) _____

QUANTITY OF FILL _____

ADDRESS OF DISPOSITION OF FILL _____

DATE FILLING TO START _____

LENGTH OF TIME OF FILL OPERATION _____

ADDITIONAL INFORMATION IF REQUIRED _____

I, the undersigned have read, understand and agree to abide by the Board of Health Regulations regarding the placing of fill.

Petitioner assumes full responsibility for the final grading of the fill and it's impact including but not limited to any adverse effects on adjacent property.

Signature of Applicant

Conservation Approved _____ Disapproved _____

Planning Board Approved _____ Disapproved _____



TOWN OF SAUGUS

BOARD OF HEALTH
298 CENTRAL STREET
SAUGUS, MASSACHUSETTS 01906

*Board of Health
Sharon H. McCabe
Director of Public Health*

*Telephone: (781) 231-4120
Fax: (781) 231-4109
smccabe@saugus-ma.gov*

HEALTH DEPARTMENT NOTICE

All food or food retail establishments must obtain plan approval from the Board of Health for new construction or extensive renovation to existing establishments.

Public or Semi Public Swimming Pools must obtain plan approval from the Board of Health for new construction or extensive renovation to existing pools.

Massage Establishments must apply for a Board of Health Permit prior to opening.

Tanning Salons must apply for a Board of Health Permit prior to opening.



TOWN OF SAUGUS
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Inspectional Services Department

Telephone: (781) 231-4115
(781) 231-4116

TOWN OF SAUGUS
BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. assessors Approved () Signature _____

Not Approved () Give Reasons: _____



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TOWN OF SAUGUS
BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dep: **BUILDING** Approved () Signature _____

Not Approved () Give Reasons: _____



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TOWN OF SAUGUS
BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. Conservation Approved () Signature _____

Not Approved () Give Reasons: _____



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TOWN OF SAUGUS

BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

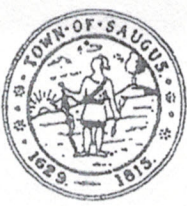
Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. DBW

Approved () Signature _____

Not Approved () Give Reasons: _____



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TOWN OF SAUGUS
BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non -Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. Eng.

Approved () Signature _____

Not Approved () Give Reasons: _____



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TOWN OF SAUGUS
BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. fire

Approved () Signature _____

Not Approved () Give Reasons: _____

**STAPLE A CERTIFIED PLOT PLAN
TO EACH APPLICATION. (9)**



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TOWN OF SAUGUS
BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. Health Approved () Signature _____
Not Approved () Give Reasons: _____

The applicant shall, prior to any type of demolition, and if need be during construction, employ a licensed pest control firm for site evaluation and service. A copy of the service program is to be submitted to the Health Department.

If fill is to be brought onto the site, the applicant must obtain a fill permit from the Health Department in accordance with Saugus Board of Health Regulations, Article 21. The fill material must comply with said regulations and Planning Board Requirements.

A signed Sewer Moratorium Acknowledgement must be submitted prior to construction.



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TOWN OF SAUGUS

BUILDING DEPARTMENT APPLICATION

Date: _____

Owner: _____

Owners Address: _____

Person Submitting Application: _____

If Agent, Proof Of Being (Letter or Contract) _____

Location Of New Building Street & Number _____

Zoning : What Zoning Is Property Presently Under _____

Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. *planning*
board

Approved () Signature _____

Not Approved () Give Reasons: _____



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Location Of New Building Street & Number _____

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Present Building Use: _____

Planned Future Use: _____

Conforming Use: Yes _____ No _____

Pre-Existing Non-Conforming Use: Yes _____ No _____

Special Permit Must Be Obtained On All Non-Conforming Uses.

Purpose _____

Dept. plumbing Approved () Signature _____

Not Approved () Give Reasons: _____