



HONORABLE MAYOR
DANIEL RIVERA

CITY OF LAWRENCE
INSPECTIONAL SERVICES DEPARTMENT
200 COMMON STREET
LAWRENCE, MA 01840
Telephone: (978) 620-3130

CHECKLIST FOR SIDING, ROOFING AND WINDOWS

Dear Applicant,

The following item that are checked off must be submitted to process your permit

- ☒ Permit Fee
- ☒ Construction Supervisor License
- ☒ Home Improvement License
- ☒ Three Construction Drawings – Show Framing And Brochure
- ☒ Building Application
- ☒ Buildings Affidavit
- ☒ Disposal Form
- ☒ Electrical Permit Copy
- ☒ Workman's Compensation Form – Application Must Include Certificate

Special Instruction (*By Building Inspector*):

Initials: _____ Date: ____/____/____



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This Section For Official Use Only

Building Permit No: _____
Date: ____/____/____
Signature: _____
Building Commissioner/Inspector of Buildings
Date: ____/____/____ Approved: Yes ☐ No ☐

APPLICATION FOR SIDING, ROOFING and WINDOWS

Application #: _____

CITY ORDINANCES SECTION 25-10 COMPLIANCE SIGN OFF LIST (All payments required before issuance of permits or licenses)

PROPERTY AND OWNERS INFORMATION

Property Location: _____
Owner's Name: _____
Owner's Street Address: _____
City, State & Zip: _____
Telephone Number: ____/____/____

Local Historical District – Applicable ☐ Not applicable ☐
Building more than 75 years old - Applicable ☐ Not applicable ☐
Historical Commissioner Signature: _____
Date: ____/____/____ Approved: Yes ☐ No ☐

DEPARTMENTS SIGN OFF'S

Tax Collector /(Taxes)

Water Dept. /(Water/Sewer)

Inspectional Services /(Trash Tickets)

Stamp

Stamp

Stamp

Signature

Signature

Signature

Date

Date

Date

Note: All sign off's must include Department Stamp, Signatures and date. No photocopies will be accepted. This sign off list must be attaches to all permits or licenses application.

NOTES AND DESCRIPTION OF WORK

PERMIT GRANTED

Application No: _____ Approved Denied
DATE: ____/____/____

Official's Name: _____
Official's Signature: _____
Date of Approval/Denial: ____/____/____



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Date: ____/____/____ Approved: Yes ☐ No ☐

APPLICATION FOR SIDING, ROOFING and WINDOWS

SECTION 1 - SITE INFORMATION

1.1 Property Address: No: _____ Street: _____

1.2 Zoning Information: _____

Zoning District _____ Property Use _____
1.3 Number of Buildings on lot? _____ Lot Width: _____ Lot Length: _____

1.4 Is property located in a local Historic District? (See List) _____

1.5 Assessors Map & Parcel Number

Map Number _____

Parcel Number _____

1.6 Property Dimension

Lot Area (sf) _____

Frontage (ft) _____

It is a corner or Interior lot? _____

Left Side: _____ Right Side: _____

1.6 Building Setbacks (ft)

Front Yard		Side Yard		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
1.7 Water Supply (M.G.L c.40 & 54) Public <input type="checkbox"/> Proved <input type="checkbox"/>		1.8 Flood Zone Information: Zone <input type="checkbox"/> Outside Flood Zone <input type="checkbox"/>		1.9 Disposal System: Municipal <input type="checkbox"/> On site disposal System <input type="checkbox"/>	

SECTION 2 - PROPERTY OWNER OR AUTHORIZED AGENT

2.1 Owner Of Record:

Name (print) _____

Signature _____

Address _____

Telephone _____

2.2 Authorized Agent:

Name (print) _____

Signature _____

Address _____

Telephone _____

SECTION 3 - BUILDING INFORMATION

3.1 Structure Size: _____ x _____ Total sq. ft. _____

3.2 Structure Height: _____ No. Of Stories _____

3.3 Structure Erected on solid Land ☐ Filled Land ☐

3.4 Footing: Material _____ Thickness _____ Width _____

3.5 Foundation: Material _____
Thickness _____ Width _____

3.6 Number of Egresses: _____

3.7 Location of Egresses: _____

3.8 Garage: _____ Attached ☐ Detached ☐ Under ☐

3.9 Insulation Type: _____ R- Value: Wall _____

R-Value: Attic _____ R- Value: Foundation _____

3.10 Type of Heat _____ Fuel Or Power Type _____

3.11 Will there be new Plumbing? _____ Elec. _____ Gas _____

3.12 Is the structure Sprinkled? _____

3.13 Type of Alarm System _____

3.14 Will the roof be flat, pitched, mansard or gambrel? _____

3.15 No. Of Available Parking Spaces _____ Location _____

SECTION 4 - CONSTRUCTION SERVICES

4.1 Licensed Construction Supervisor - Phone# ____/____/____

Name: _____ License # _____

Address _____

4.3 Architects/Engineers - Phone # ____/____/____

Name: _____ License # _____

Address _____

4.1 Home Improvement Contractor - Phone# ____/____/____

Name: _____ License # _____

Address _____

SECTION 5 - FEE AND PERMIT APPLICATION SIGNATURE

5.1 Estimated Cost: _____

5.2 Signature of Owner or Authorized Agent: _____

Application will be subject to (Chapter 34) 780 CMR for processing Permit Application. Applicable ☐ Not Applicable ☐

Note: in existing buildings all repair, alterations, addition, and changes of use shall conform to the requirement of 780 CMR 34

REMARKS _____