



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

____ / ____ / ____

Date

Signature

____ / ____ / ____

Date

Signature

____ / ____ / ____

Date

Note: All sign off's must include Department Stamp, Signatures and date. No photocopies will be accepted. This sign off list must be attached 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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APPLICATION FOR SIDING, ROOFING and WINDOWS

SECTION 1 - SITE INFORMATION

1.1 Property Address: No: _____ Street: _____

1.5 Assessors Map & Parcel Number

Map Number _____ Parcel Number _____

1.2 Zoning Information:

1.6 Property Dimension

Lot Area (sf) _____ Frontage (ft) _____

It is a corner or Interior lot? _____

Left Side: _____ Right Side: _____

1.3 Number of Buildings on lot? _____ Lot Width: _____ Lot Length: _____

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

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) _____ Address _____

Signature _____ Telephone _____

2.2 Authorized Agent:

Name (print) _____ Address _____

Signature _____ Telephone _____

SECTION 3 - BUILDING INFORMATION

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

3.8 Garage: _____ Attached Detached Under

3.2 Structure Height: _____ No. Of Stories _____

3.9 Insulation Type: _____ R- Value: Wall _____

3.3 Structure Erected on solid Land Filled Land

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

3.4 Footing: Material _____ Thickness _____ Width _____

3.10 Type of Heat _____ Fuel Or Power Type _____

3.5 Foundation: Material _____

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

Thickness _____ Width _____

3.12 Is the structure Sprinkled? _____

3.6 Number of Egresses: _____

3.13 Type of Alarm System _____

3.7 Location of Egresses: _____

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# _____ / _____ / _____

4.3 Architects/Engineers - Phone # _____ / _____ / _____

Name: _____ License # _____

Name: _____ License # _____

Address _____

Address _____

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

SECTION 5 - FEE AND PERMIT APPLICATION SIGNATURE

Name: _____ License # _____

5.1 Estimated Cost: _____

Address _____

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 _____