



Town of Abington
DEPARTMENT OF INSPECTIONS
500 GLINIEWICZ WAY
ABINGTON, MA 02351
(781) 982-2105
FAX (781) 982-2121

Daniel Moriarty
Inspector of Buildings
Zoning Enforcement Officer

Building Permit Fee Schedule
Effective as of September 1, 2007

RESIDENTIAL (3 UNITS or LESS)

New Construction	\$10.00 / \$1,000.00	Estimated Estimated Cost
Additions, Alterations, Garages, Decks, Sheds, Roofing, Siding, Pools, Replacement Windows	\$10.00 / \$1,000.00	Estimated Estimated Cost w / minimum fee- \$40.00
Renewal of Permit	20% of Original Fee	
Re-Inspection Fee	\$25.00 / Unit	

COMMERCIAL

New Construction	\$12.00 / \$1,000.00	Estimated Cost *
Additions, Alterations, Roofing, Siding, Decks, Replacement Windows, Tenant Fit - Up	\$12.00 / \$1,000.00	Estimated Cost * w/ minimum fee - \$50.00
Renewal of Permit	25% of Original Fee	
Re-Inspection Fee	\$40.00 / Unit	

OTHER

Signs	\$3.00 / Sq. Ft.	Each Side of Sign
Woodstoves	\$50.00	
Demolition	\$12.00 / \$1,000.00	Of Assessed Value

OCCUPANCY PERMITS

Temporary Buildings	\$50.00	
Construction Trailers	\$50.00	
Occupancy Certificates		
Residential	\$35.00 / Unit	
Commercial	\$40.00 / Unit	
Change of Use & Occupancy	\$75.00	

* Do not round up
* need assessor field card

Any work started prior to obtaining Permit will be charged a Double Fee

*** Estimated Cost calculated by "Means Construction Cost Book"**



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PERMIT NO:
FEE:
PAID BY
CASH <input type="checkbox"/> CHECK <input type="checkbox"/>

APPLICATION FOR BUILDING PERMIT
(Application must be complete & legible)

TO THE INSPECTOR OF BUILDINGS

The undersigned hereby applies for a permit to

DATE: 20

- INSTALL SIDING
- INSTALL ROOFING
- INSTALL REPLACEMENT WINDOWS
- REMODEL KITCHEN OR BATH
- INSTALL SHED

CSL LICENSE#:
HIC REG.#:

1. Address of Proposed Work: _____

2. Owner of Property: _____ Phone #: _____
 Address of Owner: _____

3. Name of Contractor: _____ Phone #: _____
 Address: _____

4. For what purpose is the building or structure used or to be used? Single Family 2 Family Multi-Family
- Garage Factory Business Assembly Institution Other

5. Description of work to be performed:

.....

.....

.....

.....

6. Value of Propose Project: _____ \$ _____

Fee must accompany applications.
 Plans must be submitted with applications.
 Including plot plan if applicable.

All permits must be obtained before commencing work of any kind, including wiring, plumbing, gas fitting, earth removal or.....

.....

All inspections must be made, approved and occupancy permit obtained before the building is occupied.

I agree to notify the Inspectors when the building or structure is ready for each inspection and to obtain approval before any work will be concealed. I also hereby agree that all of the proposed work shall be done in strict compliance with the Zoning By-Laws, Massachusetts State Building Code, Board of Health Regulations or the requirements of any other Town Department as necessary.

Signature of owner or authorized representative in charge of work: _____

ADDRESS: _____

Approval by Building Official: _____ Date: _____



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DEBRIS DISPOSAL FORM
(Site Known)

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

Additionally in accordance with 527 CMR (Massachusetts State Fire Prevention Regulations) section 34.03 requires all permit holders to also obtain from the local Fire Department a permit for the maintenance of such debris container during construction.

(Name of Facility or Dumpster Company)

(Signature of Applicant)

(Date)