



## Town of West Tisbury

### Procedure / Checklist for obtaining a Building Permit

**Please Note:** The Eighth edition of the building Code, with Massachusetts Amendments, is now in effect and requires the following with your permit application:

- \_\_\_ 1. A Plot Plan prepared by a Massachusetts licensed Engineer or Surveyor showing the boundary markers and the location of all structures, existing and proposed, with distances to property lines shown.
- \_\_\_ 2. Foundation plan and details (as necessary) (2 copies)
- \_\_\_ 3. Floor plans (including basement and attic levels, if applicable); floor plans shall include the location of all required fire protection systems and heating systems storage areas. (2 copies)
- \_\_\_ 4. Exterior building elevations (2 copies)
- \_\_\_ 5. Framing plans and/or building section(s) adequately depicting structural systems (2 copies)
- \_\_\_ 6. Schedules, legends and/or details adequately depicting doors, windows and related material installations
- \_\_\_ 7. Energy conservation information. (Chapter 11 )

#### **Also required:**

\_\_\_ A workers compensation insurance affidavit and a) a copy of the policy's declaration page showing the policy number and expiration date or b) a certificate of insurance.

\_\_\_ A completed assessor's form (three pages) with the required plan/sketch. (A third set of plans may be substituted for the plan/sketch)

#### **Please answer the following Questions:**

Yes \_\_\_ No \_\_\_ Has the Board of Health approved your plans? Required for any construction with new or increased septic flow. Consult the Board of Health for submission requirements. (696-0105)

Yes \_\_\_ No \_\_\_ Is the property within the Historic District? If so consult the Historic District Commission (Sean Conley, Chairman. 693-6677)

Yes \_\_\_ No \_\_\_ Is the building a single family residence larger than 3000 sq.ft.? If so your plans will be referred to the Planning Board for Review (696-0149)

Yes \_\_\_ No \_\_\_ Is the property within a District of Critical Planning Concern (DCPC)?

Yes \_\_\_ No \_\_\_ Is the proposed building a Development of Regional Impact (DRI)?

Yes \_\_\_ No \_\_\_ Are the property bounds set (Required)

Yes \_\_\_ No \_\_\_ Is the building within 100 feet of a wetland or 200 feet of a stream or brook? If so consult the Conservation Commission (696-6404). **Be advised, It is illegal to cut trees, limbs or brush within 100 feet of a wetland or pond, or within 200 feet of a stream. It is also illegal to fill, excavate or alter the land, water levels, or vegetation in wetlands, streams or ponds, regardless of ownership, without first contacting the Conservation Commission for pre-approval.**

**Please Note!**

Your property may be subject to **M.E.S.A.** (Massachusetts Endangered Species Act) regulations, if so you will need to apply to the Division of Fisheries and Wildlife (508-792-7270) Maps are viewable on-line at [www.nhsep.org](http://www.nhsep.org) or at the Building Department to assist you in this determination.

**Your Map & Lot number and /or Street Address must be posted at the entrance to your property.**

**The Building Permit must be posted on site at all times.**

After a permit is issued, work must start within six months. A completed and inspected foundation is considered a start. If the permitted work is not started within six months the permit will expire.

Separate Electric, Plumbing and Gas permits are required and applications are available at the Town Hall Annex, and must be obtained by the licensed professional before work is begun.

Electric, Plumbing and Gas inspections are scheduled through the Building Department (696-0103)

Smoke and CO detectors must be code compliant and inspected by the Fire Chief. (693-3287)

**Certificate of Occupancy / Use :** Before a building is occupied or used, a Certificate of Occupancy/Use **must** be obtained. All required final inspections must have been performed, and the inspectors must have signed the Building Permit Card before the Certificate of Occupancy/Use will be issued.

Contact the Inspector of Buildings with any Questions at 508-696-0113 or at [inspect@westtisbury-ma.gov](mailto:inspect@westtisbury-ma.gov)

These forms are available on line at <http://www.westtisbury-ma.gov/>


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Any unanswered questions or missing items will delay the processing of your application.

I have read and understand the information provided on these forms and attest that the answers provided are true and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this signed form with your application.

	The Commonwealth of Massachusetts Board of Building Regulations and Standards Massachusetts State Building Code, 780 CMR	FOR MUNICIPALITY USE <i>Revised Mar 2011</i>
Building Permit Application To Construct, Repair, Renovate Or Demolish a <i>One- or Two-Family Dwelling</i>		
This Section For Official Use Only		
Building Permit Number: _____		Date Applied: _____
Building Official (Print Name) _____		Signature _____ Date _____
<b>SECTION 1: SITE INFORMATION</b>		
<b>1.1 Property Address:</b>		<b>1.2 Assessors Map &amp; Parcel Numbers</b>
1.1a Is this an accepted street? yes _____ no _____		Map Number _____ Parcel Number _____
<b>1.3 Zoning Information:</b>		<b>1.4 Property Dimensions:</b>
Zoning District _____ Proposed Use _____		Lot Area (sq ft) _____ Frontage (ft) _____
<b>1.5 Building Setbacks (ft)</b>		
Front Yard		Side Yards
Required	Provided	Required
_____	_____	Provided
_____	_____	_____
<b>1.6 Water Supply:</b> (M.G.L. c. 40, § 54)		<b>1.7 Flood Zone Information:</b>
Public <input type="checkbox"/> Private <input type="checkbox"/>		Zone: _____ Outside Flood Zone? Check if yes <input type="checkbox"/>
		<b>1.8 Sewage Disposal System:</b>
		Municipal <input type="checkbox"/> On site disposal system <input type="checkbox"/>
<b>SECTION 2: PROPERTY OWNERSHIP<sup>1</sup></b>		
<b>2.1 Owner<sup>1</sup> of Record:</b>		
Name (Print) _____		City, State, ZIP _____
No. and Street _____		Telephone _____ Email Address _____
<b>SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)</b>		
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Owner-Occupied <input type="checkbox"/>
Demolition <input type="checkbox"/>	Accessory Bldg. <input type="checkbox"/>	Repairs(s) <input type="checkbox"/>
		Alteration(s) <input type="checkbox"/>
		Addition <input type="checkbox"/>
		Number of Units _____
		Other <input type="checkbox"/> Specify: _____
Brief Description of Proposed Work <sup>2</sup> : _____		
_____		
_____		
<b>SECTION 4: ESTIMATED CONSTRUCTION COSTS</b>		
Item	Estimated Costs: (Labor and Materials)	<b>Official Use Only</b>
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined:
2. Electrical	\$ _____	<input type="checkbox"/> Standard City/Town Application Fee
3. Plumbing	\$ _____	<input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____
4. Mechanical (HVAC)	\$ _____	2. Other Fees: \$ _____
5. Mechanical (Fire Suppression)	\$ _____	List: _____
6. Total Project Cost:	\$ _____	Total All Fees: \$ _____
		Check No. _____ Check Amount: _____ Cash Amount: _____
		<input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____

**SECTION 5: CONSTRUCTION SERVICES****5.1 Construction Supervisor License (CSL)**

Name of CSL Holder _____  No. and Street _____  City/Town, State, ZIP _____  Telephone _____ Email address _____	License Number _____ Expiration Date _____	
	List CSL Type (see below) _____	
	Type	Description
	U	Unrestricted (Buildings up to 35,000 cu. ft.)
	R	Restricted 1&2 Family Dwelling
	M	Masonry
	RC	Roofing Covering
WS	Window and Siding	
SF	Solid Fuel Burning Appliances	
I	Insulation	
D	Demolition	

**5.2 Registered Home Improvement Contractor (HIC)**

HIC Company Name or HIC Registrant Name _____  No. and Street _____  City/Town, State, ZIP _____ Telephone _____	HIC Registration Number _____ Expiration Date _____
	Email address _____

**SECTION 6: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25C(6))**

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the Issuance of the building permit.

Signed Affidavit Attached? Yes ..... ☐ No ..... ☐

**SECTION 7a: OWNER AUTHORIZATION TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT**

I, as Owner of the subject property, hereby authorize \_\_\_\_\_  
to act on my behalf, in all matters relative to work authorized by this building permit application.

Print Owner's Name (Electronic Signature) \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7b: OWNER<sup>1</sup> OR AUTHORIZED AGENT DECLARATION**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Print Owner's or Authorized Agent's Name (Electronic Signature) \_\_\_\_\_ Date \_\_\_\_\_

**NOTES:**

1. An Owner who obtains a building permit to do his/her own work, or an owner who hires an unregistered contractor (not registered in the Home Improvement Contractor (HIC) Program), will not have access to the arbitration program or guaranty fund under M.G.L. c. 142A. Other important information on the HIC Program can be found at [www.mass.gov/oca](http://www.mass.gov/oca) Information on the Construction Supervisor License can be found at [www.mass.gov/dps](http://www.mass.gov/dps)
2. When substantial work is planned, provide the information below:  
 Total floor area (sq. ft.) \_\_\_\_\_ (including garage, finished basement/attics, decks or porch)  
 Gross living area (sq. ft.) \_\_\_\_\_ Habitable room count \_\_\_\_\_  
 Number of fireplaces \_\_\_\_\_ Number of bedrooms \_\_\_\_\_  
 Number of bathrooms \_\_\_\_\_ Number of half/baths \_\_\_\_\_  
 Type of heating system \_\_\_\_\_ Number of decks/ porches \_\_\_\_\_  
 Type of cooling system \_\_\_\_\_ Enclosed \_\_\_\_\_ Open \_\_\_\_\_
3. "Total Project Square Footage" may be substituted for "Total Project Cost"



# PLOT PLAN

FOR LOT # \_\_\_\_\_

Indicate location of garage or accessory building.

Additions with dashed lines \_\_\_\_\_

Sewerage disposal (cesspool) ⊕

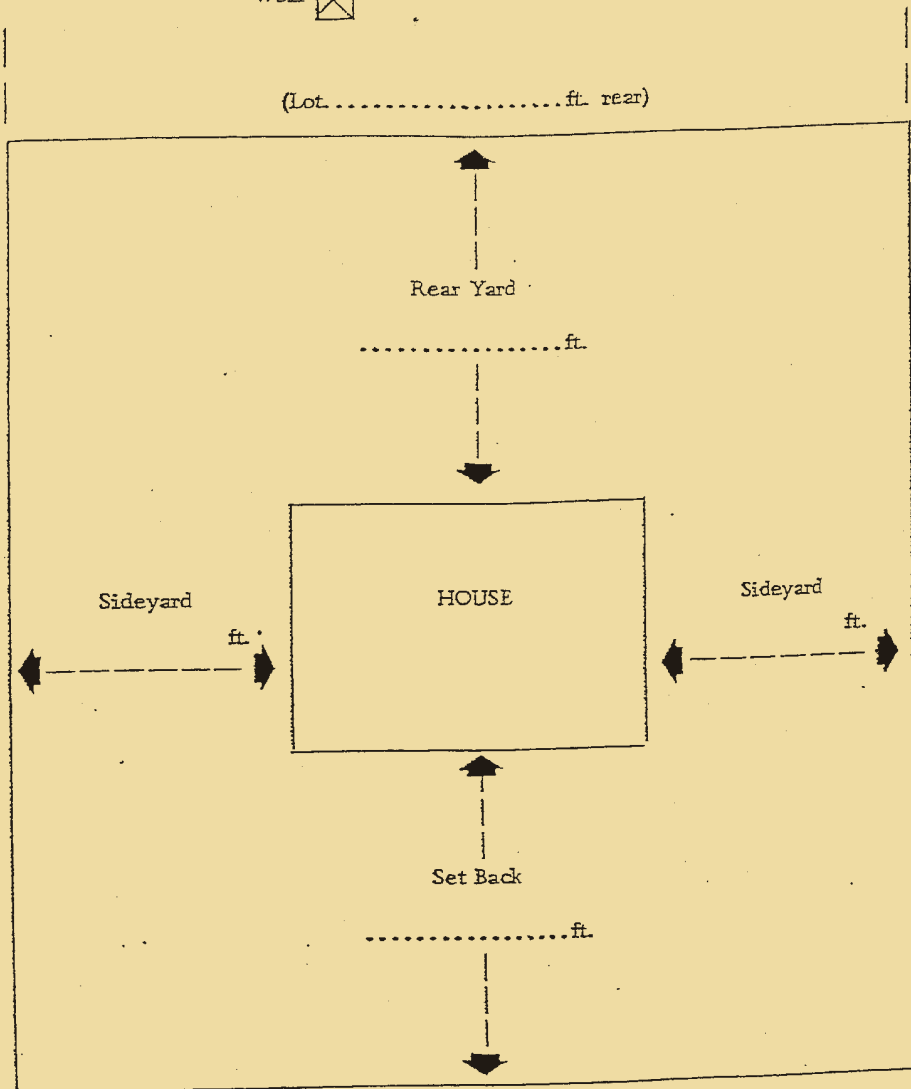
Well ☒

Abuttor's  
Name

Lot #

If this is a  
corner lot,  
write in  
name of  
other street.

(Lot.....ft. deep)



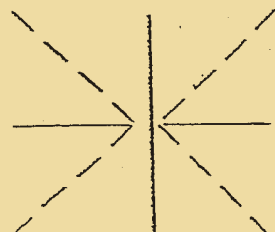
Abuttor's  
Name

Lot #

If this is a  
corner lot,  
write in  
name of  
other street.

(Lot.....ft. deep)

(Lot.....ft. frontage)



Mark North Point

(Name of street)

Information  
Supplied by \_\_\_\_\_



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**1 Congress Street, Suite 100**  
**Boston, MA 02114-2017**  
**www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers.**  
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

1. ☐ I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
3. ☐ I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
4. ☐ I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
5. ☐ I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡
6. ☐ 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.]

**Type of project (required):**

7. ☐ New construction
8. ☐ Remodeling
9. ☐ Demolition
10. ☐ Building addition
11. ☐ Electrical repairs or additions
12. ☐ Plumbing repairs or additions
13. ☐ Roof repairs
14. ☐ 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 state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

***I 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 MGL c. 152, §25A is a criminal violation punishable by 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. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

***I 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 #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."**

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in \_\_\_\_\_(city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

**ENERGY CONSERVATION APPLICATION FORM FOR ENERGY EFFICIENCY FOR ONE- AND TWO-FAMILY DETACHED RESIDENTIAL CONSTRUCTION (780 CMR 61.00)**

Applicant Name: \_\_\_\_\_ Site Address: \_\_\_\_\_  
print

Applicant Phone: \_\_\_\_\_ Town: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

NEW CONSTRUCTION: (choose ONE of the following two options)									
780 CMR TABLE 6107.1 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA FOR NEW ONE- AND TWO-FAMILY BUILDINGS									
<input type="checkbox"/> Option 1:	MAXIMUM	MINIMUM							
	Fenestration U-factor	Ceiling or exposed floors R-Value	Wall R-Value	Floor R-Value	Basement Wall R-Value	Slab Perimeter R-Value and Depth	AFUE	HSPF	SEER
	.35	R-38	R-19	R-19	R-10	R-10, 4 ft.	National Appliance Energy Conservation Act (NAECA) of 1987 as amended, minimums or greater as applicable		
<input type="checkbox"/> Option 2:	Note: This form is not required if you choose either of the two versions of REScheck as listed below.								
	✓ REScheck Version 4.1.2 or later variant software analysis must be completed (780 CMR 6107.3.2)								
	✓ REScheck-Web which can be accessed at <a href="http://www.energycodes.gov/rescheck/">http://www.energycodes.gov/rescheck/</a>								

ADDITIONS OR ALTERATIONS TO EXISTING BUILDINGS OVER 5 YEARS OLD*						
*Buildings under 5 years old must use option #1 or #2 in New Construction section above.						
Complete the following formula to determine the % of glazing:						
(a) Gross Wall & Ceiling Area equals _____ SF			Formula: $(100 \times b \div a)$			
(b) Glazing area equals _____ SF			$100 \times \frac{\quad}{b} \div \frac{\quad}{a} = \quad \% \text{ of glazing}$			
If glazing is $\leq 40\%$ use the chart below. If glazing is $> 40\%$ proceed to "SUNROOM" section						
780 CMR TABLE 6101.3 PRESCRIPTIVE ENVELOPE COMPONENT CRITERIA ADDITIONS TO EXISTING LOW-RISE RESIDENTIAL BUILDINGS						
<input type="checkbox"/>	MAXIMUM	MINIMUM				
	Fenestration U-factor	Ceiling and Exposed floors R-Value	Wall R-Value	Floor R-value	Basement Wall R-Value	Slab Perimeter R-Value and Depth
	.39	R-37 a	R-13	R-19	R-10	R-10, 4 feet
a	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).					
<input type="checkbox"/>	SUNROOM – An addition or alteration to an existing building/dwelling unit where the total glazing area of said addition exceeds 40% of the combined gross wall and ceiling area of the addition. Note: Owner to fill out <i>Consumer Information Form</i> (found in Appendix 120.P)					



TOWN OF WEST TISBURY  
BUILDING CONSTRUCTION DATA

BLDG. PMT. # \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

ASSRS MAP&LOT# \_\_\_\_\_

APPL. DATE \_\_\_\_\_ PROPERTY OWNER \_\_\_\_\_

PREV. OWNER IF PURCHASED WITHIN 3 MO. OF APPL. DATE \_\_\_\_\_

\*\*\*\*\*

APPLICATION FOR:

NEW: dwelling\_\_\_ sub-dwelling\_\_\_ garage\_\_\_ barn\_\_\_ shed\_\_\_ commercial bldg.\_\_\_\_  
 other\_\_\_\_\_

ADDIT./RENOVATION: dwelling\_\_\_ sub-dwell.\_\_\_\_ garage\_\_\_ barn\_\_\_ shed\_\_\_ commercial bldg.\_\_\_\_  
 other\_\_\_\_\_

ESTIMATED CONSTRUCTION COST \_\_\_\_\_

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BUILDING STYLE

cape\_\_\_ saltbox\_\_\_ colonial\_\_\_ gambrel\_\_\_ ranch\_\_\_ raised ranch\_\_\_ modern\_\_\_  
 split level\_\_\_ bungalow\_\_\_ conventional\_\_\_ duplex\_\_\_ camp/cabin\_\_\_ other:\_\_\_\_\_

pool (give type & size): vinyl inground\_\_\_ gunite\_\_\_ concrete\_\_\_ vinyl above ground\_\_\_  
 size\_\_\_\_\_ ? heated: Yes\_\_\_ No\_\_\_

tennis court (give type & size): asphalt\_\_\_ other:\_\_\_\_\_ size\_\_\_\_\_

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STRUCTURAL DATA

Foundation Type: basement\_\_\_ crawl space\_\_\_ slab\_\_\_ piers\_\_\_ other\_\_\_\_\_

Foundation Material: poured concrete\_\_\_ concrete block\_\_\_ other\_\_\_\_\_

Exterior Walls:

single siding\_\_\_ board & batten\_\_\_ asbestos shingle\_\_\_ wood shingle\_\_\_ logs\_\_\_ clapboard\_\_\_  
 vertical cedar\_\_\_ prefab panel (T-111)\_\_\_ concrete block\_\_\_ stucco\_\_\_ asphalt siding\_\_\_  
 brick veneer on wood\_\_\_ brick on masonry\_\_\_ stone on masonry\_\_\_ vinyl siding\_\_\_ alum. siding\_\_\_  
 other (describe)\_\_\_\_\_

Roof Style:

flat\_\_\_ shed\_\_\_ gable/hip\_\_\_ saltbox\_\_\_ gambrel\_\_\_ mansard\_\_\_  
 irregular (not same rise per foot throughout)\_\_\_ other\_\_\_\_\_

Roof Cover:

asphalt shingles\_\_\_ wood shingles\_\_\_ asbestos shingles (rigid)\_\_\_ clay/spanish tile\_\_\_ slate\_\_\_  
 rolled composition\_\_\_ corrugated metal\_\_\_ corrugated asbestos\_\_\_ other\_\_\_\_\_

## Interior Walls:

minimum/no finish\_\_ masonry\_\_ plaster on lath\_\_ sheetrock/drywall\_\_  
 plywood panel\_\_ custom wood panel\_\_  
 other (describe)\_\_\_\_\_

## Floor Coverings:

finished concrete\_\_ vinyl sheet\_\_ vinyl tile\_\_ ceramic tile\_\_ plywood\_\_ pine/softwood\_\_  
 hardwood\_\_ parquet\_\_ wall-to-wall carpet\_\_ slate\_\_ marble\_\_  
 other (describe)\_\_\_\_\_

## Heating System:

Fuel: wood/coal\_\_ kero\_\_ oil\_\_ propane\_\_ electric\_\_ solar\_\_ other\_\_\_\_\_  
 Type: wood/coal stove\_\_ kero/gas stove\_\_ forced air/non-ducted\_\_ forced air/ducted\_\_  
 hot water baseboard\_\_ electric baseboard\_\_ radiant elec. panel\_\_  
 other (describe)\_\_\_\_\_

Air Conditioning: none\_\_ heat pump\_\_ central\_\_ wall units\_\_

**OTHER DATA (PLEASE FILL IN FOR COMPLETED NEW BUILDING. IF PERMIT IS FOR AN  
 ADDITION/RENOVATION, PLEASE FILL IN FOR BUILDING AFTER ADDITION/RENOVATION.)**

# of bedrooms\_\_ # of baths\_\_ total # rooms in bldg.\_\_\_\_\_  
 # of stories\_\_ # of fireplaces\_\_ # chimneys\_\_ #flue for woodstove\_\_\_\_\_  
 heating system: fuel\_\_ type\_\_\_\_\_  
 aprox. # sq. ft. living area per floor\_\_\_\_\_  
 ? finished area in basement (size)\_\_\_\_\_  
 ? finished area in attic (size)\_\_\_\_\_  
 ? attached garage\_\_ ? other significant features\_\_\_\_\_  
 actual year built of original house (for permits for additions/renovations)\_\_\_\_\_

#####  
**COMMERCIAL BUILDINGS ONLY - ADDITIONAL DATA**

Heating/Air Conditioning: packaged\_\_ split\_\_ none\_\_

Structural Frame: none\_\_ wood\_\_ masonry\_\_ steel\_\_ fireproof steel\_\_ reinforced concrete\_\_  
 other (describe)\_\_\_\_\_

## Ceilings &amp; Walls:

suspended\_\_ not suspended\_\_  
 ceiling only finished\_\_ ceiling with minimum wall\_\_ ceiling & wall finished\_\_

## Other Data:

# rooms per floor\_\_ % of common wall\_\_ wall height\_\_ total # restrooms\_\_

If residential units (such as apartment building or motel):

# baths per unit\_\_ # bedrooms per unit\_\_ # units\_\_

**BUILDING PLAN/SKETCH** - Must be completed for ALL buildings. Show room layout and outside dimensions of building for each floor, including basement and attic. For an addition, please show footprint and room layout for entire structure, as completed.

[illegible]

**Town of West Tisbury****Building Permit Fees**

Revised 09/01/2016

**Residential**

Dwellings/Guest House	\$	900	
Dwellings over 1500sqft	\$	900	Base Fee plus \$.50 per sqft for area Over 1500sqft
Additions			\$.50 per sqft for area. \$300 min.
Alterations within existing footprint			\$.50 per sqft for area. \$250 min.
Renovations			\$.50 per sqft for area. \$300 min.
Barn/studio/garage unfinished interior			\$.50 per sqft for area. \$250 min.
Barn/studio/garage finished interior			\$.50 per sqft for area. \$300 min.
Detached Bedroom	\$	400	
Minor work Permit	\$	100	
Minor work Permit +	\$	150	
Minor work S	\$	200	
Demolition	\$	150	
Tennis Court	\$	150	
Swimming Pool In-ground	\$	200	
Swimming Pool Aboveground	\$	100	
Wood Stove	\$	100	
Shed	\$	100	
Sign Permit	\$	50	
Smoke/CO Detector Permit/Inspection	\$	50	
Change of Use	\$	25	
Change of Contractor	\$	25	
Reprint/Replace Permit	\$	25	
Renew Expired Permit	\$	50	
Foundation	\$	150	
Screen Porch	\$	250	\$.50 per sqft for area. \$250 min.
Solar Panels Roof	\$	150	
Solar Panels Ground	\$	100	\$.25 per sqft for panel area. \$150 min.
Sheet Metal	\$	25	+\$25 per Device , \$50 for HVAC
Retaining Walls over 4'	\$	50	
Hot Water Heater Replacement	\$	180	Plumbing & Gas or Electrical Insp

**Commercial**

New Construction			\$.50 per sqft for area. \$900 min.
Additions			\$.50 per sqft for area. \$500 min.
Alterations			\$.50 per sqft for area. \$300 min.
Renovations			\$.50 per sqft for area. \$350 min.
Mixed Use (Commercial/Residential)			\$.50 per sqft for area. \$900 min.
Shed			\$.50 per sqft for area. \$100 min.
Tent for Storage			\$.50 per sqft for area. \$100 min.
Cargo Containers	\$	50	Permit/\$50 Per Container Per Year
Solar Panels Roof	\$	250	
Solar Panels Ground			\$.25 per sqft for panel area. \$250 Min.