



**RESIDENTIAL BUILDING PERMIT APPLICATION CHECKLIST**

**One or Two Family Dwellings**

**SUBMISSION MUST BE COMPLETED IN ITS ENTIRETY, ALONG WITH THIS CHECKLIST AND ALL REQUIRED CONSTRUCTION DOCUMENTATION INCOMPLETE SUBMISSIONS WILL NOT BE ACCEPTED**

**Plan Review Fee:**

\_\_\_\_\_ \$50.00 payable to the Town of Sandwich

**Scaled Plot Plan to include: (2 Sets)** (Sandwich Bylaw §1220) (Land Surveyor)

- \_\_\_\_\_ 2' Contours
- \_\_\_\_\_ All existing structures
- \_\_\_\_\_ All septic components
- \_\_\_\_\_ All proposed work
- \_\_\_\_\_ All setbacks from property lines

**Legible SCALED Drawings [R106.1.1] to include: (2 Sets)**

(DOES NOT HAVE TO BE DRAWN BY AN ARCHITECT OR DESIGNER, BUT DOES HAVE TO BE TO SCALE AND LEGIBLE)

- \_\_\_\_\_ Floor plans or plan view fully dimensioned
- \_\_\_\_\_ Cross section w/materials & detail
- \_\_\_\_\_ Elevations w/materials & detail
- \_\_\_\_\_ Foundation and footing plan w/materials & detail
- \_\_\_\_\_ Framing plans: Stair, floor, wall, ceiling, roof with schedules for fastening of 110 mph Exp. B hardware
- \_\_\_\_\_ Beams & Headers (FOR ALL DOORS AND WINDOWS) to be accompanied by calculations (if not shown in 780 CMR Tables). Steel must be stamped by a Structural Engineer.
- \_\_\_\_\_ Manufacturers installation instructions where necessary (solar panels, solid fuel burning appliances, et.al.) [R106.1.2)

**Energy information required with plans**

- \_\_\_\_\_ R-value & type of insulation in walls, floors, and ceilings
- \_\_\_\_\_ U-factors of windows and doors
- \_\_\_\_\_ Type of heating & hot water system and fuel source
- \_\_\_\_\_ Air Conditioning System

**Air Sealing Method**

- \_\_\_\_\_ Hers Rater or \_\_\_\_\_ Visual Inspection
- \_\_\_\_\_ Blower Door Test (required) 2102 IECC R 402.4.1.2

**CHECKMARK APPLICABLE ITEMS ONLY, BE SURE TO INCLUDE ALL CHECKED ITEMS ON DRAWINGS OR INCLUDE SUPPLEMENTAL DOCUMENTATION.**

\_\_\_\_\_ Copy of Workers Compensation Certificate per Insurance Affidavit

*IF CONTRACTOR IS APPLYING FOR PERMIT*

\_\_\_\_\_ Copies of Contractor's Licenses (CSL & HIC)

\_\_\_\_\_ Contract between contractor and property owner if project is over \$1000.00 for verification (MGL 142A Sect. 2)

**IF PROPOSED PROJECT IS A NEW HOME PLEASE SEE BOTTOM OF PAGE 2 OF CHECKLIST FOR ADDITIONAL REQUIREMENTS**

**All Departmental Approvals (if applicable)**

**Fire Department (527 CMR §34.03 – On-Site Dumpster**

\_\_\_\_\_ Express Permit - \$50.00 fee (issued through the Building Department)

**Historic District Committee**

\_\_\_\_\_ 1 copy of the approved Certificate of Appropriateness/Certificate of Exemption (mailed to applicant w/in 5 business days of approval)

\_\_\_\_\_ 1 set of elevation plans (if applicable), stamped approved, by the Historic Committee (obtained from meeting)

**Conservation Commission**

\_\_\_\_\_ 1 copy of the Order of Conditions (OOC), Determination or Administrative Review

\_\_\_\_\_ 1 copy of the Order of Conditions recording slip (if applicable)

\_\_\_\_\_ 1 original, stamped approved, of each plan approved by the Commission (see page 10A of the OOC for a list of approved plans)

**Board of Health**

\_\_\_\_\_ Septic Permit Application completed by a licensed installer

\_\_\_\_\_ Plot plan (2 sets)

**Planning Board/Board of Appeals**

\_\_\_\_\_ 1 copy of the Recorded Special Permit

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**ADDITIONAL REQUIRMENT FOR NEW HOMES**

**Below requirements must be submitted along with Building Permit Application**

**Board of Health**

\_\_\_\_\_ Septic Permit Application completed by a licensed installer

\_\_\_\_\_ Plot plan (2 sets)

\_\_\_\_\_ Fee (\$100.00) payable to the Town of Sandwich

**Engineering**

\_\_\_\_\_ Completed Curb Cut/Driveway application

\_\_\_\_\_ Plot plan (1 set)

\_\_\_\_\_ Fee (\$25.00) payable to the Town of Sandwich

**Water/Well**

\_\_\_\_\_ If Town Water

Letter from Sandwich Water District

\_\_\_\_\_ If Well

Certificate of Analysis

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**PERMIT WILL BE ISSUED AS SOON AS PRACTICABLE DEPENDING ON ACCURACY AND DETAIL OF SUBMISSION PACKAGE AS OUTLINED ABOVE.**



RESIDENTIAL BUILDING PERMIT APPLICATION

Submission Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Project Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Project Description (Include ALL dimensions): \_\_\_\_\_

\_\_\_\_\_

Type of heat: (check one) FHW  FHA  Electric  Radiant  None

How is Heat Fired: \_\_\_\_\_ Air Conditioning: \_\_\_\_\_ (y/n)

Debris, if applicable, will be disposed at: Location \_\_\_\_\_ or on- site dumpster \_\_\_\_\_

If on-site dumpster: Ex. Per. # \_\_\_\_\_

Estimated Cost of Project: \_\_\_\_\_ If project \$1000 or over verify contract \_\_\_\_\_ (staff Initials)

\*\*\*\*\*

OWNER

NAME: \_\_\_\_\_ CELL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town State Zip

\*\*\*\*\*

CONTRACTOR (Info needed ONLY if Contractor applying for permit)

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CELL NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Town State Zip

CS License # \_\_\_\_\_ HIC License # \_\_\_\_\_

**(COPIES OF ALL LICENSES AND WORKERS COMP. INS. AFFIDAVIT REQUIRED AT SUBMISSION)**

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DEPARTMENTAL INFORMATION

BOARD OF HEALTH: Applicable? \_\_\_\_\_ (if yes):

Title 5 Inspection \_\_\_\_\_ Repair/Upgrade \_\_\_\_\_ Permit # \_\_\_\_\_ Water Resource District \_\_\_\_\_

CONSERVATION: Applicable? \_\_\_\_\_ (if yes):

Reviewed with NRO? \_\_\_\_\_ Administrative Review \_\_\_\_\_ RDA \_\_\_\_\_ OOC \_\_\_\_\_ Permit # \_\_\_\_\_

HISTORIC: Applicable? \_\_\_\_\_ (if yes):

Exempt. \_\_\_\_\_ COA \_\_\_\_\_ Expiration \_\_\_\_\_ Permit # \_\_\_\_\_

ENGINEERING: Applicable? \_\_\_\_\_ (if yes): Agent: \_\_\_\_\_

Date \_\_\_\_\_ Map \_\_\_\_\_ Lot \_\_\_\_\_ Street \_\_\_\_\_

PLANNING/APPEALS: Applicable? \_\_\_\_\_ (if yes):

Lot Covenant Released: \_\_\_\_\_ Comp. Permit Condition Satisfied \_\_\_\_\_ Special Permit Conditions Satisfied: \_\_\_\_\_  
\*\*\*\*\*

I hereby acknowledge that I have read this application and state that it is correct and agree to comply with all TOWN ORDINANCES and STATE LAWS regulating building construction.

SIGN HERE: \_\_\_\_\_ PRINT HERE: \_\_\_\_\_



The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR

Building Permit Application To Construct, Repair, Renovate Or Demolish a  
*One- or Two-Family Dwelling*

FOR  
MUNICIPALITY  
USE  
*Revised Mar 2011*

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Building Official (Print Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 1: SITE INFORMATION**

**1.1 Property Address:**

1.1a Is this an accepted street? yes \_\_\_\_\_ no \_\_\_\_\_

**1.2 Assessors Map & Parcel Numbers**

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

**1.3 Zoning Information:**

Zoning District \_\_\_\_\_ Proposed Use \_\_\_\_\_

**1.4 Property Dimensions:**

Lot Area (sq ft) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**1.5 Building Setbacks (ft)**

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided

**1.6 Water Supply:** (M.G.L c. 40, §54)

Public  Private

**1.7 Flood Zone Information:**

Zone: \_\_\_\_\_ Outside Flood Zone?  
Check if yes

**1.8 Sewage Disposal System:**

Municipal  On site disposal system

**SECTION 2: PROPERTY OWNERSHIP<sup>1</sup>**

**2.1 Owner<sup>1</sup> of Record:**

Name (Print) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

No. and Street \_\_\_\_\_ Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**SECTION 3: DESCRIPTION OF PROPOSED WORK<sup>2</sup> (check all that apply)**

New Construction  Existing Building  Owner-Occupied  Repairs(s)  Alteration(s)  Addition   
Demolition  Accessory Bldg.  Number of Units \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Brief Description of Proposed Work<sup>2</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: ESTIMATED CONSTRUCTION COSTS**

Item	Estimated Costs: (Labor and Materials)	Official Use Only
1. Building	\$ _____	1. Building Permit Fee: \$ _____ Indicate how fee is determined: <input type="checkbox"/> Standard City/Town Application Fee <input type="checkbox"/> Total Project Cost <sup>3</sup> (Item 6) x multiplier _____ x _____ 2. Other Fees: \$ _____ List: _____ Total All Fees: \$ _____ Check No. _____ Check Amount: _____ Cash Amount: _____ <input type="checkbox"/> Paid in Full <input type="checkbox"/> Outstanding Balance Due: _____
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Fire Suppression)	\$ _____	
6. Total Project Cost:	\$ _____	

**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"



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 attached 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 #: \_\_\_\_\_



**CONSTRUCTION SUPERVISOR ACKNOWLEDGEMENT**

Project Location: \_\_\_\_\_

Construction Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Permits are issued in the Town of Sandwich under the following conditions:

Excerpts from 708 CMR, the Massachusetts State Building Code; 110R5, Construction Supervisors follow:

780 CMR 110R5.2.12, On-site Presence of Supervisor: A licensed individual or a licensed designee shall be present on the site at some point to approve construction, reconstruction, alterations, removal or demolition involving the following work:

1. Excavation
2. Foundation (pouring or other)
3. Decking
4. Rough Framing
5. Finished Framing
6. Chimneys
  - a. Excavation/foundation
  - b. At the top of the smoke chamber and support of the flue liner
  - c. When erection of the chimney is completed.

780 CMR 110R5.2.15, Responsibility of Each License Holder:

110R5.15.1, Responsibility of Work: The license holder shall be fully and completely responsible for all work for which he/she is supervising. He/she shall be responsible for seeing that all work is done pursuant to 780 CMR and the drawings as approved by the Building Official.

110R5.2.15.2, Responsibility to Supervise Work: The license holder shall be responsible to supervise the construction, reconstruction, alteration, repair, removal or demolition for the category license held involving any activity regulated by any provision of 780 CMR only pursuant to 780 CMR51 through 99 and all other applicable Laws of the Commonwealth even though he/she, the license holder, is not the permit holder but only a subcontractor or contractor to the permit holder.

110R5.2.15.3, Notification of Violations: The license holder shall immediately notify the building official in writing of the discovery of any violations which are covered by the building permit.

110R5.2.15.4, Willful Violation: Any licensee who shall willfully violate 780 CMR 110R5.2.15.1, 110R5.2.15.2, or 110R5.2.15.3 or any other Sections of 780 CMR 110R5 and any procedures, as amended, shall be subject to revocation or suspension of license by the Committee.

I have read and understand my responsibilities under the rules and regulation for licensing construction supervisors in accordance with 780 CMR 5108.3.5 and 780 CMR 110R5. I understand the construction inspection procedures and the specific inspection called for by the building official. I have read and understand the Tow of Sandwich by-laws and zoning by-laws pertaining to this project and the project site. I will maintain a current copy of 780 CMR and have that with me at all times when working on a project for which I am the licensee. I will abide by all federal, state, local laws pertaining to the construction of this project.

\_\_\_\_\_  
Signed under pains/penalties of perjury

\_\_\_\_\_  
Date



HOMEOWNER LICENSE EXEMPTION FORM

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Project location: \_\_\_\_\_

**Do you own or have access to a copy of the Massachusetts State Building Code (780 CMR as amended) 8<sup>th</sup> Edition.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a clear understanding of the requirements of the Building Code as it pertains to your project?**

Yes \_\_\_\_\_ No \_\_\_\_\_

780 CMR, the Massachusetts State Building Code provides for homeowners who do not have a construction supervisor license to obtain building permits and under specified conditions as follows:

*Any home owner performing work for which a building permit is required shall be exempt from the licensing provisions of 780 CMR 110.R5; provided that if a home owner engages a person(s) for hire to do such work, that such home owner shall act as a supervisor. This exception shall not apply to the field erection of manufactured buildings. For the purposes of 780 CMR 110.R5, a "Homeowner" is defined as follows: Person(s) who owns a parcel of land on which he/she resides or intends to reside, on which there is, or is intended to be, a one or two-family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner.*

Work accomplished under any permit, including permits obtained by homeowners, must comply with all of the terms and conditions of 780 CMR. This means that homeowners, or a licensed designee, shall have an on-site presence per Special Regulations §110.R5.2.12

The undersigned homeowner assumes responsibility for compliance with 780 CMR and other applicable codes, ordinances, by-laws, rules and regulations.

Further, the undersigned homeowner certifies that he or she understands the Town of Sandwich Building Department inspection procedures and that he or she will comply with said procedures.

**NOTE: Homeowners contracting with unregistered contractors will not have access to the guaranty fund created pursuant to the statute. The undersigned homeowner declare that he or she meets the definition of a "Homeowner", above, and will abide by the above referenced codes and conditions.**

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Homeowner(s) Signature

\_\_\_\_\_  
Date

## ADDITIONAL INFORMATION REQUIRED WITH DEMOLITION PROJECTS

For the demolition of **structures** the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location: (Please indicate the Map & Lot #s for locations for which a street address is not available)

No. and Street	City/Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

- |                       |                              |                             |                                     |                              |                             |
|-----------------------|------------------------------|-----------------------------|-------------------------------------|------------------------------|-----------------------------|
| Water Shut Off?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provider notified/Release obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Gas Shut Off?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provider notified/Release obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Electricity Shut Off? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provider notified/Release obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| CATV Shut Off?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Provider notified/Release obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other (If applicable) | _____                        |                             | Provider notified/Release obtained? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

The debris will be disposed at what location: \_\_\_\_\_

**COPIES OF RECEIPTS FROM WASTE FACILITY ARE REQUIRED PRIOR TO  
FINAL.**

DEPARTMENT OF PUBLIC WORKS  
500 Route 130, Sandwich, MA 02563  
[dpw@townofsandwich.net](mailto:dpw@townofsandwich.net)  
Phone: 508 833 8002

**Town Of Sandwich**  
THE OLDEST TOWN ON CAPE COD



OFFICE OF THE TOWN ENGINEER  
16 Jan Sebastian Drive, Sandwich, MA 02563  
[engineering@townofsandwich.net](mailto:engineering@townofsandwich.net)  
Phone: 508 833 8000

**DRIVEWAY PERMIT APPLICATION**

TO BE COMPLETED IF APPLICATION IS FOR NEW CONSTRUCTION OR RELOCATION OF EXISTING DRIVEWAY

Name of Applicant: \_\_\_\_\_ Driveway Permit #: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
Applicant's Telephone Number: \_\_\_\_\_  
Signature (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

**LOCATION OF DRIVEWAY**

Street Address: \_\_\_\_\_  
Parcel ID (Map-Lot): \_\_\_\_\_ Street Admin.: \_\_\_\_\_ Town: \_\_\_\_\_ Private: \_\_\_\_\_

**NOTICE**

1. Site plan required. Attach one copy to this application.
2. The installation and maintenance of driveways shall be in accordance with the Town of Sandwich By-laws and Town of Sandwich Regulations. Failure to comply may result in a fine.
3. If a permit is required under the Scenic Road Bylaw then that permit MUST be issued BEFORE a driveway permit will be issued.
4. A Road Work/Trench Permit, if required, shall be secured from the Department of Public Works by the Applicant prior to commencing work.
5. A bituminous asphalt apron is to be installed 10 feet or more in from the edge of road, or as specified on the permit.
6. Disturbed shoulders are to be loamed and seeded 10 feet or more in from the edge of road, or as specified on the permit.
7. No occupancy certificate will be issued until the asphalt apron is installed in accordance with the by-law.

**TOWN USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Conditions: