

**Town of Walpole
Inspectors of Buildings
Application for Additions/Alterations**

Telephone: (508) 660-7324
Fax: (508) 660-6349

Building Permit No. _____

Date: _____

Name of Owner _____

Address _____

Location of Property _____

Zoning District _____

DIMENSIONAL REGULATION
SECTION 6 ZONING BY-LAW

Board of Appeals Case No. _____

SETBACKS:

Variance _____

Road Frontage _____

Special Permit _____

Front Setback _____

Site Plan Approval _____

Side Setback _____

Water Protection Overlay _____

Rear Setback _____

District 1, 2, 3, 4 _____

PROPOSED PLOT PLAN REC'D _____

CERTIFIED PLOT PLAN REQUIRED ON ALL
NEW CONSTRUCTION

TO BE COMPLETED BY THE BOARD OF HEALTH (FIRST FLOOR)

A- Septic System Permit Issued _____ Date _____

B- Cellar Floor Elevation _____

C- Private Well Water Noted On Septic System Plan _____ Yes _____ No _____

Board of Health / Date

TO BE COMPLETED BY THE CONSERVATION COMMISSION (SECOND FLOOR)

A- Wetland Filing Required _____

B- Wetland Filing Not Required _____

C- Other Wetland Issues _____

Conservation Commission / Date

TO BE COMPLETED BY WATER AND SEWER (SECOND FLOOR)

A- Water: Service Number: _____ \$ _____ Date Paid _____

B- Sewer: Service Number: _____ \$ _____ Date Paid _____

C- Well Board of Health Approval Required

Water & Sewer Commission / Date

TO BE COMPLETED BY ENGINEERING DEPARTMENT (SECOND FLOOR)

Curb Cut Permit Number _____

Engineering / Date

TO BE COMPLETED BY COLLECTORS OFFICE (FIRST FLOOR)

All Property Taxes, Utility and Misc Fees are current: Yes _____ / No _____

Collectors / Date