

**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 \_\_\_\_\_  
Special Permit \_\_\_\_\_  
Site Plan Approval \_\_\_\_\_  
Water Protection Overlay \_\_\_\_\_  
District 1, 2, 3, 4 \_\_\_\_\_

Road Frontage \_\_\_\_\_  
Front Setback \_\_\_\_\_  
Side Setback \_\_\_\_\_  
Rear Setback \_\_\_\_\_

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