

**TOWN OF TOPSFIELD
INSPECTIONAL SERVICES DEPARTMENT
PHONE 978-887-1522
FAX 978-887-1540
BUILDING PERMIT PREREQUISITE FORM**

Owner/Address _____ Phone _____
Location _____ Permit No. _____
Builder/Address _____ Phone _____

**Additional Town Boards Requiring Approval Before Submitting Application
(applicable/non-applicable)**

YES NO Is there more than 4000 sq. ft. of land area being disturbed for this project including septic, driveway, regrading and structures? If Yes, a Stormwater and Erosion Control permit from the Planning Board may be required.

(A/NA) Assessor _____

(A/NA) Conservation Commission "Determination of Applicability" if within 100ft. of Wetland _____

(A/NA) Health Department: (New building or increased occupancy or use) barn/stable/ Swimming pools/additional bedrooms(s) addition _____

(A/NA) Planning Board Site plan is either part of an approved subdivision or stamped "Not Subject to Pl. Bd. Approval":/Scenic road (stone walls or trees @ driveway cut)/ special permit/site plan review/Stormwater and Erosion Control permit.

(A/NA) Fire Department: (New Construction or major alteration of 1 or 2 family residential For smoke detectors)/sprinklers/oil tanks/propane temporary heater/oil burners.

(A/NA) Historic District Commission/Historical Commission: New Construction or exterior alterations in Historic District/Demolition Delay.

(A/NA) Soil Removal Bd: (Removal of soil in excess of 120% of the volume of the foundation).

(A/NA) Highway Department: Town street cuts for driveway cuts) _____

(A/NA) Tree Warden: Cutting down or trimming public shade trees (driveway/other).

(A/NA) Board of Appeals: variance/special permit/site plan review.

(A/NA) Water Department

(A/NA) State Department of Public Works: (State Road cuts-Rte1/Rte 97) Board of Selectmen (sign variances)/ Electrical Dept. (swimming pool/other _____

Owner/Owner's Agent (signature) _____ Date _____