



**TOWN OF WESTWOOD
BUILDING & LAND USE CHECKLIST**

Applicant:

1. Please complete the information requested below.
2. Review the attached Building & Land Use Checklist. You will need to visit each municipal department marked with an "X" in the row corresponding to your project listed in the first column.
3. Take page 3 to corresponding departments for approvals. (Department locations are listed on page 3)

Note: The applicant is responsible for obtaining approvals from the appropriate municipal departments prior to the issuance of a building permit.

Date:	
Name of Property Owner of Record:	Phone #:
Project Address:	
Name of Applicant (if different from above):	Phone #:
Mailing Address (if different from above):	
Zoning District:	
Project Description:	

FOR OFFICE USE ONLY

Permit number: _____

Date: _____

Project:	Building	Conservation	Health	Board of Appeals^{v1}	Planning	DPW: Engineering	DPW: Highway	DPW: Sewer	Fire	Dedham-Westwood Water District
New structure- Circle: Residential or Commercial	X	X	X		X ²	X	X	X	X	X
Accessory Apartment	X	X	X ³	X ¹				X	X	X
Demolition	X	X	X					X	X	X
Home addition, shed or deck	X	X	X ³					X		
Interior Remodel only	X		X					X		
Adding bedrooms? Circle: No or Yes – How many?	X		X ³					X	X	
Siding/Roofing	X	X								
Swimming pool Circle: private or public	X	X	X ⁴					X		
Fire Place or Woodstove: Circle: new or used	X								X ⁵	
Septic-Circle: install, repair or abandon		X	X					X		
Street opening		X				X	X	X		
Curb cut for new or existing driveway		X					X	X		
Parking lot: Circle: new or change to existing lot		X			X	X		X		
Change of use of non-residential building			X		X	X				
Subdivision - Lot line change					X	X				
Sewer Services								X		
Water Services	X		X							X
Circle: public or private well		X						X		
Circle: domestic or irrigation		X						X		
Other: Please describe:										

X1 Your project may require a special permit from the Board of Appeals, which primarily depends on if your lot and/or building conforms to existing zoning requirements. Please refer to the Zoning Bylaw or consult with the Building Inspector.

X2 Multi-family, municipal or commercial buildings only.

X3 If on septic only.

X4 If public only.

X5 For used only.

Name of Applicant: _____

Project Address: _____

DEPARTMENT HEADS: PLEASE REVIEW

Department:	Department:
Building (50 Carby St. Municipal Building)	Conservation Commission (50 Carby St. Municipal Building)
<i>Authorized signature:</i>	<i>Authorized signature:</i>
Date:	Date:
<i>Building Dept.: circle if applicable – Tax Collector/ Assessor /Town Clerk</i>	
Health (50 Carby St. Municipal Building)	Board of Appeals (50 Carby St. Municipal Building)
<i>Authorized signature:</i>	<i>Authorized signature:</i>
Date:	Date:
Planning (50 Carby St. Municipal Building)	DPW (Engineering/Highway/Sewer) (50 Carby St. Municipal Building)
<i>Authorized signature:</i>	Engineering
Date:	<i>Authorized signature:</i>
	Date:
Fire Department (637 High Street)	Highway
<i>Authorized signature:</i>	<i>Authorized signature:</i>
Date:	Date:
	Sewer Department
Dedham-Westwood Water District (50 Elm St. Dedham)	<i>Authorized signature:</i>
<i>Authorized signature:</i>	Date:
Date:	
Tax Collector (Town Hall - 580 High St., 1st Floor)	Town Clerk (Town Hall - 580 High St., 1st Floor)
<i>Authorized signature:</i>	<i>Authorized signature:</i>
Date:	Date:
Assessor (Town Hall - 580 High St., Basement)	
<i>Authorized signature:</i>	
Date:	