

Permit # _____

Fee \$ _____

Date issued: _____

V# _____



QUICK PERMIT

TOWN OF DUXBURY
INSPECTIONAL SERVICES DEPARTMENT
DUXBURY, MASSACHUSETTS 02332-4499

Assessor's Information: MAP: _____ BLOCK: _____ LOT: _____

WORK

LOCATION: _____

PROPERTY OWNER:

Name

Address

Telephone

CONTRACTOR:

Name

Address

Telephone

Please circle one: Property Owner as Applicant Contractor as Applicant

Construction Supervisor Lic. # _____ Home Improvement Contractor Lic. # _____

**A contractor with employees MUST fill out a Workman's Compensation Affidavit.*

☐ Residential

☐ Commercial.

Wetlands: ☐ Yes ☐ No

Estimated value of construction project _____.

WORK TO BE PERFORMED

☐ Tent /Size: _____

Date Up: _____ Date Down: _____

☐ Vinyl Siding * ☐ Wood Siding* ☐ Replacement windows: # _____ ☐ Replace doors: # _____

☐ Re-roof. # of Squares _____ () stripping old shingles* () roofing directly over existing layers

**Debris affidavit needed*

I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268, Section 1

Date: _____ Applicant's Signature: _____

Date: _____ Property Owner's Signature: _____

Date: _____ Approved By: _____