

Permit # _____

Fee \$ _____

Date issued: _____

V# _____



EXPEDITED BUILDING PERMIT

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

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

WORK LOCATION: _____

PROPERTY OWNER: _____

Name	Address	Telephone
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CONTRACTOR: _____

Name	Address	Telephone
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Please circle one: Property Owner as Applicant Contractor as Applicant

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

**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: _____ **OVER 400 SQ FT** () Fire Suppression System Repair
- Date Up: _____ Date Down: _____ () Insulation/Weatherization
- () Vinyl Siding () Wood Siding () Replacement windows: # _____ () Replace doors: # _____
- () Re-roof. # of Squares _____ () stripping old shingles () roofing directly over existing layers
- () Kitchen/Bathroom Remodel -- Inspection needed? _____ () Other _____

Debris affidavit needed for all projects except tents

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: _____