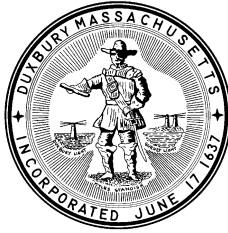


Permit # \_\_\_\_\_

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

CONTRACTOR: \_\_\_\_\_  
Name Address Telephone

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 –

(NO STRUCTURAL CHANGES-FLOORPLAN/KITCHEN PLAN REQUIRED) \_\_\_\_\_

( ) 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: \_\_\_\_\_

