



# COMMERCIAL SHORT PERMIT

TOWN OF MASHPEE

BUILDING DEPARTMENT

(508) 539-1400, EXT. 556 FAX: (508) 477-7380

CONSTRUCTION ADDRESS: \_\_\_\_\_

ASSESSOR'S INFORMATION: MAP: \_\_\_\_\_ PARCEL: \_\_\_\_\_

OWNER: \_\_\_\_\_  
NAME ADDRESS TEL. #

CONTRACTOR: \_\_\_\_\_  
NAME MAILING ADDRESS TEL. #

Residential \_\_\_\_ Commercial \_\_\_\_ Historical District: Yes \_\_\_\_ No \_\_\_\_ Wetlands: Yes \_\_\_\_ No \_\_\_\_

Est. Cost of Construction \$ \_\_\_\_\_

Construction Supervisor Lic. # \_\_\_\_\_ Home Improvement Lic. # \_\_\_\_\_

Workman's Compensation Insurance: (check one)

\_\_\_\_ I am the homeowner \_\_\_\_ I am the sole proprietor \_\_\_\_ I have Worker's Compensation Insurance

Insurance Company Name: \_\_\_\_\_ Worker's Comp. Policy Number: \_\_\_\_\_

### WORK TO BE PERFORMED

\_\_\_\_ Tent/Size \_\_\_\_\_ Ramp \_\_\_\_ Shed \_\_\_\_ Siding: # of Squares \_\_\_\_\_

\*Date Up: \_\_\_\_/Date Down: \_\_\_\_

\_\_\_\_ Replacement Windows: # \_\_\_\_ No Header Change \_\_\_\_ Replacement Doors: # \_\_\_\_

\_\_\_\_ Re-roof: # of Squares \_\_\_\_\_

( ) Stripping old Shingles \* ( ) Going over \_\_\_\_ layers of existing roof

\*The debris will be disposed of at: \_\_\_\_\_

(Location of Facility)

*I declare under the 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.*

*"Persons contraction with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c. 142A)"*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Fee: \$ \_\_\_\_\_ Date Issued: \_\_\_\_\_

(Permit expires 6 months from issue date)