

RESIDENTIAL 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
(doing work myself)

Insurance Company Name: _____ Worker's Comp. Policy Number: _____

WORK TO BE PERFORMED

_____ Tent/Size _____ Ramp _____ 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: _____ Date: _____

Fee: \$ _____ Date Issued: _____
(Permit expires 6 months from issue date)