

NAME AND ADDRESS OF PRESENT OWNER OF LAND AND/OR BUILDING.

Name _____
Address _____
TEL # _____
Lot No. _____
House No. _____

TOWN OF WHITMAN APPLICATION FOR PERMIT

P.O. Box 426
Whitman, MA 02382
Tel. (781) 618-9770
Fax (781) 618-9797



PERMIT MUST BE ON SITE BEFORE WORK STARTED

Issue Date _____ 20____
PERMIT No. _____ Fee _____
Application Date _____ C/O ____ Y ____ N ____

Zone _____ Type _____ Use _____
Structure Size: Length _____ Width _____ Height _____ Sq. Footage _____
Distance from Lines: Front _____ Left Side _____ Right Side _____ Rear _____

PLOT PLAN must be filed. ALTERATIONS _____ SIGN _____
FLOOR PLANS must be filed. ADDITION _____ NO. FLOORS _____
Control Construction must be stamped and signed by registered A/E in Massachusetts. BUILDING _____ NO. BATHS _____
DETAIL/ELEVATION drawings must be filed. REPAIRS _____ NO. BEDROOMS _____
SWIMMING POOL _____ BASEMENT _____
DEMOLITION _____ FIREPLACE _____

TOTAL COST OF PROJECT _____ EST. COST BY INSPECTOR _____
Plumber _____
Heating Contractor _____
Mason _____
Electrician _____

DESCRIBE JOB:

NAME & ADDRESS OF CONTRACTOR

Tel. _____ Signature _____
Mass. Supervisor's License No. _____
H.I.C. License No. _____

NAME & ADDRESS OF OWNER OR AUTHORIZED AGENT

Tel. _____
Signature _____

Signature of Board of Health

Signature of Inspector of Buildings/Building Commissioner