

TOWN OF GEORGETOWN

Building Permit Application

FOR ROOFING, SIDING, WINDOWS AND SIGNS ONLY

THIS APPLICATION IS NOT A PERMIT. NO CONSTRUCTION MAY BEGIN UNTIL THE PROPER APPROVALS HAVE BEEN RECEIVED. The completed application must be submitted to the Building Inspector for his examination and plan review **before work is started.** When approved, the Building Permit will be issued. If work is started without first obtaining a Building Permit, **Double Fees** will be imposed.

The undersigned applicant agrees to conform to the provisions of all applicable laws in the Town of Georgetown and the Massachusetts State Building Code.

OWNER: _____
ADDRESS: _____
PHONE: _____

CONTRACTOR: _____
ADDRESS: _____
PHONE: _____ ALT: _____
MA. LIC#: _____ H.I.C.#: _____

LOCATION OF WORK:
ADDRESS: _____
ZONING DIST: _____
MAP: _____ LOT: _____ LOT SIZE: _____

PERMIT FOR RUBBISH CONTAINER 6 CUBIC YARDS OR MORE MUST BE OBTAINED FROM THE BOARD OF HEALTH. Phone: 978-352-5720.

THE DEBRIS WILL BE DISPOSED OF IN:

(Location of facility or Disposal Company)

DESCRIPTION OF WORK: _____

X _____
Signature of Applicant Date

Ins Cert
 License

ESTIMATED COST: \$ _____

PERMIT FEES:
BUILDING: \$ _____
ELECTRICAL: \$ _____
TOTAL FEES \$ _____

Type of Work	Proposed Use	Non-Residential
Roof <input type="checkbox"/> Repair <input type="checkbox"/> New	Residential	<input type="checkbox"/> Specify _____
Windows <input type="checkbox"/> Repair <input type="checkbox"/> New	<input type="checkbox"/> Single Family	
Siding <input type="checkbox"/> Repair <input type="checkbox"/> New	<input type="checkbox"/> Other _____	

I, Owner/Applicant affirm that this application is true and complete to the best of my knowledge and submit the same to the Building Official of the Town of Georgetown for approval of use of said solid fuel apparatus located at the aforementioned address, under the pains and penalties of perjury.

Applicant's Signature: _____ **Date:** _____
(Do Not Write Below Line) **X**
(for use by Building Inspector)

Received by: _____ **Date:** _____

Approved By: _____ **Date:** _____
Building Official/Zoning Enforcement Officer (Phone 978-352-5736 / Pager 978-680-1512)

Fee: _____
Pmt: _____
BP #: _____