

PERMIT #

FEE \$

DATE RECEIVED:



Town of Boxford – Office of the Inspector of Buildings
7A Spofford Road, Boxford, Massachusetts 01921
978-887-6000 x508

ROOFING – SIDING – WINDOWS APPLICATION AND PERMIT

OWNER OF RECORD:

MAP

BLOCK

LOT

OWNER NAME (PRINT)

ADDRESS

SIGNATURE OF OWNER

TELEPHONE

COMPANY INFORMATION:

NAME / COMPANY (PRINT)

ADDRESS

CONTACT PERSON OR NAME OF APPLICANT

CELL PHONE #

SIGNATURE

TELEPHONE

H.I.C. # _____ DATE OF EXPIRATION: _____

C.S.L. # _____ DATE OF EXPIRATION: _____

COST: \$ _____

BRIEF DESCRIPTION OF WORK:

TYPE OF ROOFING MATERIALASPHALT SHINGLES ☐METAL ☐FIBERGLASS ☐TAR & GRAVEL ☐RUBBER ☐

ROOF PITCH _____ NUMBER OF LAYERS WHEN FINISHED _____

INSTALLING RIDGE VENT YES ☐ NO ☐INSTALLING FLASHING YES ☐ NO ☐INSTALLING GUTTERS YES ☐ NO ☐INSTALLING WATER & ICE SHIELD YES ☐ NO ☐INSTALLING TRIM BOARDS YES ☐ NO ☐**TYPE OF SIDING**VINYL ☐ CEDAR ☐ MASONARY ☐ HARDBOARD ☐ OTHER ☐**WINDOWS**STRUCTURAL CHANGES YES ☐ (*MUST INCLUDE PLAN SHOWING CHANGES*) NO ☐

Required signatures for all applications (MGL Ch 40 §57)

COLLECTOR OF TAXES

DATE

APPROVED BY
INSPECTOR OF BUILDINGS

DATE

WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L.C. 152 § 25C (6))

Worker's Compensation Insurance affidavit **MUST** be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached

Yes ☐No ☐**Solid Waste Disposal Affidavit**

In accordance with the provision of MGL c 40 §54, a condition of this building permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, §150A. The debris will be disposed of in:

Name and Location of facility_____
Signature of Applicant_____
Date