

Permit # _____ Fee \$ _____ Date Applied For ____/____/____

Need Electric Permit: Yes _____ No _____ Need Plumbing Permit: Yes _____ No _____

THIS PERMIT MUST BE RETURNED TO THE BUILDING DEPARTMENT

Failure to pick up and display this permit may result in one or more reinspection fees of \$40.00 each



EXPRESS PERMIT

The Commonwealth of Massachusetts



TOWN OF ROCKLAND

BUILDING DEPARTMENT

(781) - 871 - 0596 ***** Fax (781) - 616 - 6824

CONSTRUCTION ADDRESS _____

Residential _____ Commercial _____ No of Units _____ MAP _____ LOT _____ ZONE _____

OWNER NAME _____ ADDRESS _____ TEL _____

CONTRACTOR NAME _____ ADDRESS _____ TEL _____

HOMEOWNER _____ CSL LIC # _____ HIC REG # _____

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

Residential _____ Commercial _____ Historical District _____ Flood Hazard Zone _____

WORK TO BE PERFORMED

Tent/size _____ Date Up _____ Date Down _____ Residential Handicapped Ramp _____ Mat'l _____

Replacement Windows: # _____ with no header change. Replacement Doors: # _____ with no header changes.

Re-Roof----Strip and Reroof _____ Layover _____ How many layers on existing roof _____

Shed: _____ x _____ Mat'l _____ Siding _____ Mat'l _____ Deck: _____ X _____ Other _____

Estimated Cost of Construction \$ _____

I declare under 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.

Applicant's Signature: _____ Date: ____/____/____

Approved By (Building Commissioner/Inspector) _____ Date: ____/____/____

Electric Sign Off _____ Date: ____/____/____ Bulding Inspector sign off: _____ Date: ____/____/____

Comments: _____