



**TOWN OF ROCKLAND**  
**Building Department**  
**242 Union Street**  
**Rockland, Massachusetts**

TELEPHONE: 781-871-0596 FAX: 781-871-616-6824

PERMIT NO. \_\_\_\_\_

## FOUNDATION PERMIT

Date: \_\_\_\_\_

Fee: \$ 100.00  
(Will be deducted from Build. Permit Fee)

Construction Address: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_

Builders Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address: \_\_\_\_\_

CSL No.: \_\_\_\_\_ HIC No.: \_\_\_\_\_

Issuance of a **FOUNDATION ONLY** permit does not necessarily imply that a building permit will be issued. Reference Massachusetts State Building Code section 106.3.3.

**\*\*\*THE APPLICANT ASSUMES ALL RISKS\*\*\***

Applicant's Signature

Inspector of Buildings Signature

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