



COMMONWEALTH OF MASSACHUSETTS

TOWN OF ABINGTON

INSPECTIONAL SERVICES

500 GLINIEWICZ WAY

ABINGTON, MA 02351

TEL: 781-982-2105

E-FAX: 925-480-8634

PERMIT NO.
FEE:
PAID BY:
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK

APPLICATION FOR BUILDING PERMIT

Signature of Conservation Commission (approval required for sheds and pools): _____

TO THE INSPECTOR OF BUILDINGS:

The undersigned hereby applies for a permit to:

Date....., 20.....

- INSTALL SIDING
- INSTALL ROOFING
- INSTALL REPLACEMENT WINDOWS
- REMODEL KITCHEN OR BATH
- INSTALL SHED
- ABOVE-GROUND OR INGROUND POOL

CSL LICENSE #:
HIC REG.#:

1. Address of Proposed Work: _____

2. Owner of Property: _____ Tel: _____

Address of Owner: _____

3. Name of Contractor: _____ Tel: _____

Address of Contractor: _____

4. For what purpose is the building or structure used or to be used?

- Single Family 2 Family Multi-Family Garage Factory Business
- Assembly Institution Other _____

5. Description of work to be performed: _____

6. Value of Proposed Project: _____ \$

Fee must accompany applications and plans must be submitted with applications (including plot plan if applicable).

All permits must be obtained before commencing work of any kind, including wiring, plumbing, gas fitting earth removal or: _____

All inspections must be made, approved and occupancy permit obtained before the building (or pool) is occupied.

I agree to notify the Inspectors when the building or structure is ready for each inspection and to obtain approval before any work will be concealed. I also hereby agree that all of the proposed work shall be done in strict compliance with the Zoning By-Laws, Massachusetts State Building Code, Board of Health Regulations or the requirements of any other Town Department as necessary.

Signature of owner or authorized representative in charge of work: _____

Address: _____

Approval by Building Official: _____ Date: _____