



EXPRESS PERMIT APPLICATION

TOWN OF OAK BLUFFS
BUILDING DEPARTMENT
Ph. 508-693-3554 Fax 508-693-5375

Fee: _____

Paid Ck # _____

Permit # _____

Owner's Name: _____ Phone # _____

Construction Address: _____

Assessor's Information: **Map** _____ **Parcel** _____ Assessor Initials _____
REQUIRED

Residential ☐ Commercial ☐ Historical District * Yes ☐ No ☐ Wetlands* Yes ☐ No ☐

** Please Note: If in the Historical District or Wetlands additional approval is necessary*

WORK TO BE PERFORMED

☐ Replace Windows # _____ ** **No Header Changes** ☐ Replace Doors# _____ Egress Doors—Y- N

☐ Shed _____ (Size) Over 100sf requires setback compliance. ☐ Fence _____ (Height) Over 6' requires permit.

☐ Tent _____ (Size) Date up _____ Date down _____ ☐ Replace decking (no structural)

☐ Siding # of squares _____ ☐ Re-roof # of squares _____ ☐ Stripping old shingles. (SEE DISPOSAL)

☐ Other _____ **Describe** ** **Describe locations of new windows.** (Use Back if Necessary)

NO STRUCTURAL WORK ALLOWED WITH THIS PERMIT APPLICATION

ESTIMATED COST OF PROJECT: \$ _____

REQUIRED

All debris will be disposed of at: _____ (Location of Facility)

Contractor Name: _____ Phone # _____

Const. Supervisor Lic# _____ Expires _____ Home Improvement Contractor Registration # _____

REQUIRED FOR WORK ON EXISTING DWELLINGS

Worker's Compensation Insurance: (check one)

☐ I am the homeowner ☐ I am the sole proprietor ☐ I have Worker's Comp. Insurance

** Persons contracting with unregistered contractors do not have access to the guaranty fund as set forth in M.G.L. c 142A*

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 I.

Applicant's Signature: _____ Date: _____

Approved By: _____ Date: _____