



CITY OF FRAMINGHAM

Inspectional Services Dept.
150 Concord St RM 203
Framingham MA 01702
PH: (508)532-5500 FAX: (508)532-5769

Application to Amend an existing Building Permit

1 | Location

No. _____ Street _____

Is this property located within a designated Historic District? Yes No

	Name	Address	Telephone
Owner(s)	_____		
Tenant	_____		
Contractor	_____		Const. Lic.# _____
	Address	Phone: _____	
Architect	_____		MA Reg. _____
Engineer	_____		MA Reg. _____

2 | Value Estimated additional construction value: \$ _____

3 | Description

Will proposed changes affect the building footprint? Yes No. If yes, plot plan required.
Please detail all changes in work, use reverse side if necessary.

4 | Certification (Please read before signing)

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work is accurately represented in the statements made in this application and that the work shall be executed in accordance with the Mass State Building Code, City of Framingham By-Laws and all other applicable laws and ordinances in effect on the date of issuance as provided for in MGL Chapter 40A, Section 6.

Signatures:

_____	_____
Owner	Contractor

*****BUILDING OFFICIAL USE ONLY*****

Fee: \$ _____ Cash Check# _____
 Plans submitted Plans not required

Permit Number: _____
Accepted By: _____

Comment: _____

_____	_____
Date	Building Official Approval