REVISION/EXTENSION REQUEST FORM

The Commonwealth of Massachusetts
TOWN OF FALMOUTH
BUILDING DEPARTMENT
(508) 495-7470 Fax: (508) 548-4290

JOB SITE ADDRESS: ____________________________________________________________

OWNER : ______________________________________________________________________
  NAME __________________________ ADDRESS __________________________ TEL. # __________

CONTRACTOR: ________________________________________________________________
  NAME __________________________ TEL. # __________________

Email: ________________________________________________________________________

[] Residential  [] Commercial  Historical District: [] Yes  [] No  Flood Hazard Zone: Yes No

REVISED VALUE IF APPLICABLE: $ __________________________

REVISION OR EXTENSION REQUEST NARRATIVE:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Are there attachments/plans?  YES  NO

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: __________________________

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

Approved By: __________________________  Date: __________________________
  Building Commissioner/Inspector

Approved By: __________________________  Date: __________________________
  Fire Department