



**TOWN OF EDGARTOWN
BUILDING INSPECTOR'S OFFICE**

70 MAIN STREET, P.O. BOX 5158
EDGARTOWN, MASSACHUSETTS 02539-5158
508-627-6115 508-627-6119 (FAX)

Application Date: _____
Date Issued: _____
Permit Number: _____
Fee: _____

MINOR WORK PERMIT APPLICATION

Location of Project

Address:	_____			
	Number	Street		
Owner's Name:	_____			
Assessor's Map:	_____	<input type="checkbox"/> Residential		
Parcel:	_____	<input type="checkbox"/> Commercial		
Mailing Address:	_____			
	Number/Street	City	State	Zip
Cost of Proposed Work:	_____			

Type of Work

<input type="checkbox"/> Roofing	<input type="checkbox"/> Siding	<input type="checkbox"/> Windows	<input type="checkbox"/> Shed (May need ZBA approval)	
<input type="checkbox"/> Roofing not applying more than one layer of shingles			Shed plans and plot plan required if applying for a shed – please attach to application	
<input type="checkbox"/> Tent	Size of tent	Length – Width - Height	Date to be erected	Date to be removed
<input type="checkbox"/> Other	(Description of other type of work)			
Debris brought to:		<input type="checkbox"/> Window size increases list header sizes		

**PLEASE NOTE: APPLICATION CONTINUED ON THE
BACK OF THIS FORM**

Zoning

Zoning District: _____

Has the property or structure ever received a Variance or Special Permit from the Zoning Board of Appeals or the Planning Board? YES NO**IS THE PROPOSED DEVELOPMENT:**Within a District of Critical Planning Concern? YES NOWithin 200 feet of a Wetland? YES NOWithin the Historic District? YES NOIf yes, are there any exterior architectural alterations? YES NO**Applicant Information**

Applicant Name (please print):

Applicant Signature: _____ Date: _____

Applicant Phone #:

Applicant Email:

Construction Supervisor's License Number: _____ Exp. Date: _____

Home Improvement Contractor's Reg. Number: _____ Exp. Date: _____

Specialty License Number: _____ Exp. Date: _____

Workman's Compensation Insurance (Check one): I am the homeowner I am the sole proprietor I have workman's compensation insurance

Insurance Company Name:

Workman's Compensation Policy Number:

**PLEASE REMEMBER TO ATTACH SHED PLANS
AND PLOT PLAN IF APPLYING FOR A SHED****Description of Work (Please attach any pertinent documents to this application)**