



TOWN OF HOLLISTON
703 Washington St
508-429-0606

Building Permit Application

For Permission to Amend an Existing Permit

Building Department Use Only

Fee: \$ _____ ☐ Cash ☐ Check Permit Number: _____

(Permit fees are nonrefundable)

Date Accepted: _____ Accepted By: _____

Approved for issuance: _____

Date

Building Inspector

☐ Plans submitted or ☐ Plans not required

1 Location

No. _____ Street _____ Lot No. _____ Map – Parcel _____

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

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, Concord 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: _____ or _____
Owner Contractor

Rev. 3/18