



# 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