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| Do not write in this box |
| Application No.: |
| Inspected by: |
| Final inspection Date: |

**TEWKSBURY DEPARTMENT OF PUBLIC WORKS
PHYSICAL ALTERATION PERMIT APPLICATION**

type or print

APPLICANT : _____
(PERMTEE) PRINT NAME SIGNATURE AND DATE

PHONE NUMBER: _____

APPLICANTS ADDRESS: _____

PROPERTY OWNER: _____
PRINT NAME SIGNATURE AND DATE

PHONE NUMBER: _____

PROPERTY OWNERS ADDRESS: _____

DEVELOPER: _____
PRINT NANE SIGNATURE AND DATE

PHONE NUMBER: _____

DEVELOPER'S ADDRESS: _____

ENGINEER: _____
PRINT NAME SIGNATURE AND DATE

ENGINEER'S ADDRESS: _____

PHONE NUMBER: _____

TYPE OF APPLICATION: SINGLE FAMILY: ____ MULTI FAMILY ____ COMMERCIAL ____ ALL OTHERS ____

LOCATION OF WORK: _____
(BE SPECIFIC - HIGHWAY, STATION, POLE NUMBER, HOUSE NUMBERS, ETC.)

PURPOSE OF PERMIT: _____
ATTACH SEPARATE SHEET IF NECESSARY.

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND I AM FAMILIAR WITH THE INFORMATION SIJMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BEIJEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION UNDER THE AUTHORITY OF THE MASSACHUSETTS GENERAL LAWS.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

DO NOT WRITE BELOW THIS LINE

TEWKSBURY DEPARTMENT OF PUBLIC WORKS PHYSICAL ALTERATION PERMIT

This permit valid for one year from the date of approval, subject to the conditions listed below and attached:

CONDITIONS OF APPROVAL:

APPROVED
DENIED _____
SUPERINTENDENT OF PUBLIC WORKS

DATE: _____