



# MINOR WORK PERMIT APPLICATION

## TOWN OF WEST TISBURY

### BUILDING DEPARTMENT

Phone: 508-696-0113 – FAX: 508-696-0103

[inspect@westtisbury-ma.gov](mailto:inspect@westtisbury-ma.gov)

Received Date \_\_\_/\_\_\_/\_\_\_

Fee: \$100\* Check # \_\_\_\_\_

Permit # \_\_\_\_\_

### NO STRUCTURAL WORK ALLOWED WITH THIS PERMIT APPLICATION

Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Construction Address \_\_\_\_\_

Assessors' Map \_\_\_ Lot \_\_\_ Block \_\_\_ ← Required; do not submit application without this filled in!

Residential  Commercial  Historic District  Wetlands

Owner authorization for contractor shown below to apply for/perform this work \_\_\_\_\_  
Owner Signature

### WORK TO BE PERFORMED (Check all that apply):

Replace Windows # \_\_\_\_\_  Replace Doors: Total # \_\_\_\_\_ # of Egress Doors \_\_\_\_\_

Shed: size \_\_\_ ft. L X \_\_\_ ft. W X \_\_\_ ft. H **Note:** Plot plan must be attached for shed permits  
(Under 120 sq. ft. minimum setback of 10 feet. Over 120 sq. ft. requires setback compliance)

Replace Decking (no structural)  Fence: Height \_\_\_\_\_ (Permit required over 6')

Siding: # of squares \_\_\_\_\_  Re-Roof: # of squares \_\_\_\_\_  Stripping old shingles

Other (Describe – use back if necessary) \_\_\_\_\_

Estimated Cost of Project: \$ \_\_\_\_\_

All debris will be disposed of at \_\_\_\_\_ (name/location of facility)

Contractor Name \_\_\_\_\_ Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone # \_\_\_\_\_

Constr. Sup. Lic. # \_\_\_\_\_ Exp. \_\_\_/\_\_\_/\_\_\_ HIC Reg. # \_\_\_\_\_ Exp. \_\_\_/\_\_\_/\_\_\_

Workers' Compensation Insurance: Attach copy of cover page of current policy or explain why not needed.  
Persons contracting with unregistered contractors do not have access to the guaranty fund as set forth in M.G.L. Ch. 142A.

*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 I.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_