



MINOR WORK PERMIT APPLICATION

TOWN OF WEST TISBURY

BUILDING DEPARTMENT

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

inspect@westtisbury-ma.gov

Received Date ___/___/___

Fee: _____ 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 _____