TOWN OF WESTFORD BUILDING DEPARTMENT

55 Main Street
Westford, MA. 01886
(phone 978-692-5527 /fax 978-399-2558)

Application to Alter Existing Plan / Permit

In accordance with 780 CMR section 113.8

Building Address: **Zone:**

Owner's Name:_____ **Permit #**_____
Owner's Address:_____ **Date Issued:**_____
Phone: _____
Owner Signature:_____

Contractor Name:_____
Contractor Address:_____ **CSL #:**_____
Contractor Phone:_____ **HIC #:**_____
Contractor Signature:_____

Architect Name:_____
Architect Address:_____
Architect Phone:_____ **Reg.#**_____
Email:_____
Engineer Name:_____
Engineer Phone:_____ **Reg. #**_____
Email:_____

Description of Change:
_____
_____
_____
_____
_____
_____

Type of work: ☐ **New,** ☐ **Addition,** ☐ **Alteration,** ☐ **Repair,** ☐ **Demolition,** ☐ **Change of use/ occupancy,**
☐ **Other:** _____
☐ Additional plans attached.
☐ Additional approvals required (ie: health, conservation, ZBA etc)

Signature of agent or owner's representative:_____

Cost of Change: $_____
Permit Fee: $_____

Alteration Approved: ☐ **Yes** ☐ **No**

Approval Signature: **Date:**