



TOWN OF EASTHAM
BUILDING DEPARTMENT
2500 STATE HIGHWAY
EASTHAM, MA 02642
508-240-5900 Ext. 202
508-240-5918 Fax

Permit #: _____
 Date Issued: _____
 Fee Rec'd.: _____
 Approved: _____

EXPRESS PERMIT

1. **Property Location** _____ **MAP** _____ **PARCEL** _____
 2. Owner _____ 3. Phone _____ 4. Email _____
 5. Owner Mailing Address: _____
 6. Lot Description: Lot Area _____ Frontage _____ Zoning _____
 7. Setbacks: Front _____ Left _____ Right _____ Rear _____
 8. Estimated Construction Cost _____ 9. Estimated Completion Date: _____
 10. Are you within 100' of a wetland (Y or N): _____

PROJECT INFORMATION:

- Project Type:** Roofing Siding Wood Stove Insulation Tent
 Windows: U-Value _____ Doors: U-Value _____
 Storage Structure ≤ 200 sq. ft. (Zoning) Other _____

Description of Proposed Work, Materials and Dimensions: _____

Debris Disposal:

Debris resulting from this project shall be disposed of at _____
 which is a properly licensed solid waste disposal facility as required by MGL Chapter C-111, Section 150A.

Authorization Information:

Owners Signature: _____ Date: _____
 A separate letter from the owner with the above information is acceptable
 Contractor/Agent Name: _____ HIC # _____ CSL # _____
 Address: _____ Phone: _____ Email: _____

Please complete the Massachusetts Workers' Compensation Insurance Affidavit on the back of this application.

- Inspections: Foundation Frame Other: _____ Final