



BUILDING DEPARTMENT
CITY OF LEOMINSTER, MASSACHUSETTS
 25 WEST STREET
 TEL.(978) 534-7500 FAX (978) 840-0039



PERMIT APPLICATION APPROVAL CHECK LIST

<u>CONTRACTOR INFORMATION</u>	<u>SITE INFORMATION</u>
NAME: _____	SITE ADDRESS: _____
ADDRESS: _____	OWNER: _____
TELEPHONE: _____	OWNER ADDRESS: _____
LICENSE NUMBER: _____	TELEPHONE: _____
HIC NUMBER: _____	

PLANNING DEPARTMENT

CONTACT NAME: _____

CONTACT SIGNATURE: _____ DATE: _____

ATTACH COPY OF APPROVED AND RECORDED SUBDIVISION PLAN IF APPLICABLE

HEALTH DEPARTMENT

CONTACT NAME: _____

CONTACT SIGNATURE: _____ DATE: _____

CONSERVATION COMMISSION

CONTACT NAME: _____

CONTACT SIGNATURE: _____ DATE: _____

ATTACH COPY OF RELEVANT ORDER OF CONDITIONS, DETERMINATION OF APPLICABILITY, EXTENSION OF PERMIT AND/OR ENFORCEMENT ORDER

DEPARTMENT OF PUBLIC WORKS

CONTACT NAME: _____

CONTACT SIGNATURE: _____ DATE: _____

ATTACH WATER / SEWER CLEARANCE PLAN AND PROOF OF PAYMENT OF CONNECTION FEES

UPON SUBMISSION OF A COMPLETE BUILDING PERMIT APPLICATION, THE PLANS WILL BE RELAYED TO THE PLUMBING / GAS INSPECTOR, WIRE INSPECTOR AND FIRE PREVENTION FOR COMMENT AND APPROVAL.

NOTES: _____
