



EXPRESS PERMIT

BUILDING DEPARTMENT
TOWN OF WELFLEET
220 WEST MAIN STREET
WELFLEET, MA 02667
508-349-0309

Approved by _____
Date _____
Permit # _____
Fee _____
Check # _____

APPLICATION FOR PERMIT TO INSTALL ROOFING OR SIDING

LOCATION OF BUILDING

Is this in a historical district yes no

No. _____ Street _____ Map _____ Lot _____

Owner _____ Phone _____

Address _____ Zip Code _____

USE OF STRUCTURE _____

CONTRACTOR _____ Email _____ Phone Number _____

COMPANY NAME _____ HIC# _____ Exp. Date _____

Address _____ CSL# _____ Exp. Date _____

"Persons contracting with unregistered contractors do not have access to the guaranty fund (as set forth in MGL c.142A)."

DESCRIBE EXISTING ROOFING &/or SIDING

Roofing Material _____ No. of layers _____ Pitch _____

Distance to nearest structure _____ Type of ventilation provided _____

Siding Material _____

DESCRIPTION OF PROPOSED WORK

Layers of roofing to be removed _____ Area of coverage (sq. ft) _____

Roof covering material and underlayment _____

Siding type & membrane _____

Additional work _____

DEBRIS DISPOSAL

Debris resulting from this work shall be disposed at _____
which is a properly licensed solid waste disposal facility as required by MGL, C 111, S 150A

ESTIMATED COST _____

ADDITIONAL REMARKS _____

Signature of Applicant _____ Date _____

Received by _____ Date _____