

Current  
Permit# \_\_\_\_\_  
Revised Fee \$ \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
or Denied: \_\_\_\_\_

# TOWN OF CARVER

## PERMITTING DEPARTMENT

108 Main Street Carver MA 02330  
(508) 866-3450 Fax: (508) 866-3430

## PERMIT REVISION/EXTENSION REQUEST FORM

ADDRESS: \_\_\_\_\_

OWNER : \_\_\_\_\_  
NAME ADDRESS TEL. #

CONTRACTOR: \_\_\_\_\_  
NAME TEL. #

EMAIL: \_\_\_\_\_

☐ Residential ☐ Commercial

Historical District: ☐ Yes ☐ No

REVISED VALUE \$ \_\_\_\_\_

### REASON FOR EXTENSION/REVISION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there attachments/plans? ☐ Yes ☐ No

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 1.

Applicant's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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

Approved By : \_\_\_\_\_ Date: \_\_\_\_\_  
Building Commissioner/Inspector

Approved By : \_\_\_\_\_ Date: \_\_\_\_\_  
Fire Department