



# TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS

BUILDING DEPARTMENT  
41 Highland Avenue  
Cohasset, MA 02025  
TELEPHONE (781) 383-4112  
FAX (781) 383-1561

Date _____
Permit No. _____
Fee \$ _____

Building Commissioner  
Zoning Officer  
**Robert Egan**

**APPLICATION FOR PERMIT TO EXTEND, REPAIR, ALTER OR REMODEL  
AN EXISTING STRUCTURE**  
**PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

**LOCATION, OWNERSHIP & DETAIL MUST BE CORRECT, COMPLETE & LEGIBLE. A SEPARATE APPLICATION IS REQUIRED FOR EVERY STRUCTURE. DUPLICATE PLANS & FEE MUST BE FILED WITH THIS APPLICATION TOGETHER WITH ONE PLOT PLAN SHOWING SETBACKS OF PROPOSED STRUCTURE, ALL EXISTING STRUCTURES & SEPTIC LOCATION.**

**ZONING DISTRICT: \_\_\_\_\_ MAP: \_\_\_\_\_ PLOT: \_\_\_\_\_ Address: \_\_\_\_\_**

**Name of Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_**  
**Address: \_\_\_\_\_**

**Name of contractor: \_\_\_\_\_**  
**Address: \_\_\_\_\_**  
**Phone: \_\_\_\_\_ Const. Super. License No. \_\_\_\_\_**  
**Cell Phone: \_\_\_\_\_ Home Improv. Reg. No. \_\_\_\_\_**

**Workmen's Compensation Insurance Cert. On file  Yes  No**

**Electrical Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_**

**Plumbing Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_**

**BRIEF DESCRIPTION OF PROPOSED WORK:**

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**Plans Submitted:  Yes  No**

**Estimated Value of work \$ \_\_\_\_\_**

**Approved By: \_\_\_\_\_**

\_\_\_\_\_  
**Signature of Owner or Representative**

**ALL WORK TO BE PERFORMED IN ACCORDANCE WITH MASS. STATE BLDG. CODE 780**

**Date copy sent to Assessor: \_\_\_\_\_**