



# 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 TO INSTALL ROOFING OR SIDEWALLING PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK

NAME OF OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
PROPERTY LOCATION: \_\_\_\_\_  
MAP #: \_\_\_\_\_ PLOT #: \_\_\_\_\_

INSTALLING COMPANY NAME: \_\_\_\_\_  
ADDRESS : \_\_\_\_\_  
PHONE: \_\_\_\_\_ HIC LICENSE #: \_\_\_\_\_

How is building occupied:  Dwelling  Commercial  Industrial

### **ROOF:**

Roofing materials presently on roof: \_\_\_\_\_

Roofing material to be used: \_\_\_\_\_

Number of squares: \_\_\_\_\_

### **SIDEWALLING:**

Siding material presently on building: \_\_\_\_\_

Siding material to be used: \_\_\_\_\_

Number of squares: \_\_\_\_\_

Any additional work involved other than installing the roofing and sidewalling?

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_

Start date: \_\_\_\_\_ Projected completion date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

Date approved: \_\_\_\_\_

Date disapproved: \_\_\_\_\_

To Assessor: \_\_\_\_\_