



COMMONWEALTH OF MASSACHUSETTS

TOWN OF EASTON

Telephone: 508-230-0580

Fax: 508-230-0589

Building Inspector
136 Elm Street
North Easton, MA 02356

APPLICATION FOR PERMISSION TO AMEND

BUILDING PERMIT # _____

PLANS SUBMITTED _____

The undersigned applies for permission to amend _____ plans on file of
the following permit application – to amend _____ plans of building permit # _____

Location: _____

Name of Owner: _____

Owner's Address: _____

Name of Builder: _____

Builder's Address _____

Name of Architect: _____

Architect's Address _____

Building to be occupied as: _____

Percentage of Work Completed to Date: _____ %

DETAIL OF PROPOSED AMENDMENTS

Cost of Work: \$ _____ Signature of Owner or
Authorized Agent _____

Print Name Above _____

Amendment Fee \$ _____ Address: _____

Building Department Approval

Signature of Building Official

Date: _____