



THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF EASTON – BUILDING DEPARTMENT
Phone: 508-230-0580 Fax: 508-230-0589

EARTH REMOVAL PERMIT APPLICATION

Date of Application: _____

TO THE INSPECTOR OF BUILDINGS:

In accordance with the provisions of the Statutes relating thereto, application for a siding permit is hereby made by

Firm/Contractor: _____ Contractor's License # _____
Firm/Contractor Address: _____
Phone Number: _____
Job Location _____

Brief Description of Work: _____

CUBIC YARDS _____

Name of Property Owner: _____
Owner's Address (if different from job location above): _____
Owner's Phone Number: _____

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Applicant's Signature _____ Date: _____

Print Name: _____ Phone # _____

Permit Number: _____ **Fee:** _____ **Paid:** Cash ___ Check # _____
Date of Issue: _____ **Date of Expiration:** _____

Town of Easton – Inspector of Buildings: _____
D. Mark Trivett

PLEASE NOTE: APPLICANT SHALL ADHERE TO THE TERMS OF THE TOWN OF EASTON EARTH REMOVAL BYLAW UNLESS AMENDED