



# TOWN OF WESTFORD BUILDING DEPARTMENT

55 Main Street  
Westford, MA. 01886

(phone 978-692-5527 /fax 978-399-2558)

## Application to Alter Existing Plan / Permit

In accordance with 780 CMR section 113.8

Building Address: _____	Zone: _____
Owner's Name: _____	Permit #: _____
Owner's Address: _____	Date Issued: _____
Phone: _____	
Owner Signature: _____	

Contractor Name: _____	
Contractor Address: _____	CSL #: _____
Contractor Phone: _____	HIC #: _____
Contractor Signature: _____	

Architect Name: _____	
Architect Address: _____	
Architect Phone: _____	Reg.# _____
Email: _____	
Engineer Name: _____	
Engineer Phone: _____	Reg. # _____
Email: _____	

Description of Change: _____ _____ _____ _____ _____
Type of work: <input type="checkbox"/> New, <input type="checkbox"/> Addition, <input type="checkbox"/> Alteration, <input type="checkbox"/> Repair, <input type="checkbox"/> Demolition, <input type="checkbox"/> Change of use/ occupancy, <input type="checkbox"/> Other: _____ <input type="checkbox"/> Additional plans attached. <input type="checkbox"/> Additional approvals required (ie: health, conservation, ZBA etc)
Signature of agent or owner's representative: _____
Cost of Change: \$ _____ Permit Fee: \$ _____

Alteration Approved:  Yes  No

Approval Signature: \_\_\_\_\_

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