



TOWN OF FREETOWN
OFFICE OF THE
BUILDING COMMISSIONER

3 North Main Street
P.O. Box 438, Assonet, Massachusetts 02702
508-644-2202

Fee: \$50.00Each
Permit No.: _____

**APPLICATION FOR ROOFING, SIDING &
REPLACEMENT WINDOWS/DOORS PERMIT**

1. Project Address: _____
2. Property Owner: _____
3. Owners Signature: _____ (signature needed only if owner is obtaining permit)
4. Contractor: _____ Tel. No.: _____
5. Contractor's Address: _____ Tel: No.: _____
6. Home Improvement Reg. No.: _____
7. Construction Supervisor License No.: _____
8. This application is for (please circle) Roofing Siding Rep. Windows Rep.Doors
9. Are any structural changes planned _____ Yes _____ No
10. If this is a roofing project, how many layers of shingles are on roof now _____
11. Will bedroom windows be installed _____ Yes _____ No.
12. Will window sizes change _____ Yes _____ No.
13. Have all home improvement contractor guidelines been followed: ____ Yes ____ No.
13. Estimated Cost of Project: _____.
14. Disposal Site for construction material _____

Date

Signature of Applicant