TOWN OF TOLLAND MA
SPECIAL PERMIT APPLICATION

Building Permit Number_____ Date: _____

Issued: _____ Signature:_____
Building Inspector

SECTION 1: SITE INFORMATION

Property Address_____ Assessors Map Number_____ Parcel Number_____

Owner's Name _____ Home Telephone #_____

Home Address _____ Work Telephone # _____

Building Setbacks (ft). Front_____Left Side_____Right Side_____Back_____

Other_____

SECTION 2: CONSTRUCTION SERVICES

Company Name: _____

Address: _____
_____

Phone: _____Cell phone: _____ Email: _____

Construction Supervisor _____ MA. License Number_____

Home Improvement Contractor _____ MA. License Number_____

CHECK ONE:
_____ Application for a permit to _____

_____

_____ Application for a permit to demolish a building or structure

SECTION 3: Description of proposed project:
_____
_____
_____
_____
_____

4 Attach plot plan showing location of buildings or structures.

5 Estimated Project Cost: $_____

The undersigned Applicant certifies that the above statements are true to the best of his/her knowledge.

Applicant _____ Date: _____

TO BE COMPLETED BY BUILDING INSPECTOR

Date_____ Building Inspector _____

Permit # _____

Fee: $ _____

INSPECTION DATE/TIME SCHEDULED _____

Accepted: Date _____ (Call 24 hours in advance for Inspector)

Rejected: Date_____

1. _____
   _____
2. _____
   _____
3. _____
   _____