



Town of Ashland, *Inspectional Services*

Application for Revision of Building Permit

Permit Number to be Revised _____

Address of Work _____

Owner of Property _____

Email address of Applicant _____

Revision made by: Owner _____

Contractor _____

Architect/Engineer _____

Phone Number of Applicant _____

Date of Revised Material Received _____

Written Scope of work Submitted: Yes _____ No _____

Plan Number of Sheets _____

Value of Added Work _____

Additional Fee required _____

Description of Revision _____

