



City of Everett
OFFICE OF THE CITY CLERK

Mailing Address: City Hall, Room 10, 484 Broadway, Everett, MA 02149
Phone: (617) 394-2225 **Hours:** M; 8:00a-7:30p, Tu-Th; 8:00a-4:00p, F; 8:00a-11:30a
Website: www.ci.everett.ma.us

**PERMIT APPLICATION
 AWNING**

Work Site Address: _____ **Zip:** _____

Work Activity Location: _____ **Apt/Suite:** _____

Occupancy: Single Family Multi-Family Commercial Industrial

Description of Work: _____

WORK SITE OWNER/TENANT INFORMATION	CONTRACTOR / INSTALLER INFORMATION
<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Name: _____ Phone: (_____) _____ Fax: (_____) _____ Address: _____ City/State: _____ Zip: _____	Company Name: _____ Contact Name: _____ Phone: (_____) _____ Fax: (_____) _____ Address: _____ City/State: _____ Zip: _____

Building Department Approval

I, _____, do hereby state that as of this date the premises meets / does not meet all of the requirements imposed upon it pursuant to the State Building code and ordinances of the City of Everett. I make the following Recommendation:

Approve the application Deny the application

Building Inspector (signature)

Detailed plans for the awining must accompany this application

I certify that the work to be performed under this application will be done in conformance with the City of Everett Municipal Code and State Building Code.

Signature: _____ **Date of Application:** _____

Contractor or Owner (or Authorized Agent)