



**TOWN OF FOXBOROUGH  
Inspections Department**

40 South Street  
Foxborough, Massachusetts 02035  
Tel. (508) 543-1206 / Fax. (508) 543-6278

**APPLICATION TO AMEND BUILDING PERMIT**

Permit Holder's Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Location of Work Being Performed: \_\_\_\_\_

Building Permit Number to be Amended: \_\_\_\_\_ Date Issuance: \_\_\_\_\_

Description of Original Building Permit: \_\_\_\_\_

Describe any alterations or additions to the original building permit. Include plans and support documentation of changes (attach copy with amendment application): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Additional Work: \_\_\_\_\_

If applicable, what is the square footage of new work: \_\_\_\_\_

I, \_\_\_\_\_, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing amendment application are true and accurate, to the best of my knowledge and behalf. \_\_\_\_\_

Signature of Owner/Agent                      Date

**OFFICE USE ONLY**

Amended Application approved by: \_\_\_\_\_  
Building Official's Signature                      Date

Amended Building Permit Fee: \_\_\_\_\_