



Department of Inspectional Services  
Worcester, Massachusetts

Building Unit

Christopher P. Spencer  
Commissioner/Building  
Commissioner

Amanda M. Wilson, Director  
Housing/Health Inspections

APPLICATION FOR REVISION OF BUILDING PERMIT

Address of work location: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Revision made by owner: \_\_\_\_\_

Contractor: \_\_\_\_\_

Engineer/architect: \_\_\_\_\_

Date of revised material received: \_\_\_\_\_

Written scope of work attached: yes \_\_\_\_\_ or no \_\_\_\_\_

Number of drawings sheets submitted: \_\_\_\_\_

Value of revised/additional work: \_\_\_\_\_

Additional fee paid: \_\_\_\_\_

Planned revision: \_\_\_\_\_

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Record of review of revision to permit

\_\_\_\_\_  
(Signature) Zoning Officer

\_\_\_\_\_  
(Signature) Building Inspector

\_\_\_\_\_  
(Signature) Plans Examiner