



Town of Ludlow  
Department of Inspectional Services  
488 Chapin Street, Room 300  
Ludlow, MA 01056  
413-583-5600 x1210 www.ludlow.ma.us

## APPLICATION TO AMEND/RENEW BUILDING PERMIT

Existing Permit # \_\_\_\_\_  
Approximate % of Work \_\_\_\_\_ Complete To Date: \_\_\_\_\_  
Address of Work: \_\_\_\_\_

### CHECK ALL THAT APPLY

☐ **RENEWAL OF PERMIT**

Date Original Permit Issued: \_\_\_\_\_ Expiration Date \_\_\_\_\_  
List any previous renewal dates:  
\_\_\_\_\_

☐ **CHANGE IN SCOPE OF WORK**

**On Original Permit** - Description of work to be done  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposed Changes** - Description of changes to original permit. (Attach additional pages, if necessary). Duplicate plans and/or a plot plan of revisions must be filed with this application  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Change in Total Project Cost:** \_\_\_\_\_

☐ **CHANGE IN CONTRACTOR OR DESIGN PROFESSIONAL**

(check one) Architect ☐ Engineer ☐ Contractor ☐ Other

**Original Contractor or Design Professional**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ License No. \_\_\_\_\_ Email \_\_\_\_\_

**New Contractor or design professional:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ License No. \_\_\_\_\_ Email \_\_\_\_\_

**Detail work already completed by the original Individual Contractor/Design Professional**

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

Signature of owner \_\_\_\_\_

Name of owner (print) \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

**Complete this section if the application is being made by someone other than the Owner:**

I, as Owner of the subject property, hereby authorize \_\_\_\_\_  
to act on my behalf, in all matters relative to work authorized by this building permit application.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
**EMAIL**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_  
**MUST BE SIGNED** by Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
**EMAIL**

**Office Use Only**

Signatures that were required for original permit may also be required for amendments

Fee: \_\_\_\_\_ Check No: \_\_\_\_\_ Received By \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_