



TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS

BUILDING DEPARTMENT

41 Highland Avenue

Cohasset, MA 02025

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FAX (781) 383-1561

www.cohassetmass.org

Building Commissioner

Zoning Officer

Robert Egan

NOTICE TO THE BUILDING DEPARTMENT OF LICENSED CONSTRUCTION SUPERVISOR ASSUMPTION OF RESPONSIBILITY

Construction Supervisor Name: _____

License Number:: _____

I hereby certify that I have assumed responsibility for the project under construction as authorized by building permit #_____, issued to _____ on _____, 20____.
(property address)

Required: Attach the following documents:

- Copy of Massachusetts State Construction Supervisor's license or Homeowner's License Exemption form (if applicable)
- Copy of Home Improvement Contractor registration (if applicable)
- Commonwealth of Massachusetts Workers' Compensation Insurance Affidavit.
- Road Bond (if applicable)

(Signature of License Holder)

(Date)