

Construction Supervisor

Re: Address _____ (or) application # _____

Name _____ Telephone Number _____

Address _____ City _____ State _____ Zip _____

License Number _____ License Type _____ Expiration Date _____

Contractors Email _____ Cell # _____

I understand my responsibilities under the rules and regulations for Licensed Construction Supervisor in accordance with 780 CMR the Massachusetts State Building Code. I understand the construction inspection procedures, specific inspections and documentation required by 780 CMR and the Town of Barnstable. Attach a copy of your license.

Signature _____ Date _____