



TOWN OF MENDON

BUILDING DEPARTMENT

Mendon Town Hall

18 Main Street

Mendon, MA 01756

Telephone: (508) 473-2679 Fax: (508) 634-2909

CONTRACTORS AFFIDAVIT OF COMPLETED WORK

Type of Work (pick one): **Roofing/Siding/Windows** **Solar** **Weatherization**

JOB SITE ADDRESS: _____

PERMIT# _____ **DATE ISSUED:** _____

As the Construction Supervisor, responsible for the job supervision and performing the construction work as described on the building permit _____ issued on _____.

I certify and acknowledge that the work performed was installed and completed in compliance with all the requirements of 780 CMR Ninth Edition, Massachusetts State Building Code.

Sworn to and subscribed under penalty of perjury.

Construction Supervisor Signature: _____ Date: _____

Print Name: _____

Construction Supervisor License Number: _____

Company Name: _____

Contact Phone#: _____ Contact Email: _____

PLEASE RETURN COMPLETED AFFIDAVIT TO THE TOWN OF MENDON
DEPARTMENT OF INSPECTIONS AT THE CONCLUSION OF THE PROJECT

You may also email completed forms to: building@mendonma.gov or upload to Viewpoint. Please notify us once you have uploaded the completed affidavit.