



## 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 ROOF/SIDING/WINDOW WORK**

**JOB SITE ADDRESS:** \_\_\_\_\_

**PERMIT#:** \_\_\_\_\_ **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](mailto:building@mendonma.gov)