



Town of Milford
Department of Inspections

52 Main Street, Milford, MA 01757
Ph (508) 634-2313 Fax (508) 473-2358

John Erickson
Building Commissioner
Email: jerickson@townofmilford.com

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 MILFORD
DEPARTMENT OF INSPECTIONS AT THE CONCLUSION OF THE PROJECT

You may also email completed forms to: jcededella@townofmilford.com