CITY OF BOSTON STREET NUMBERING FORM TO STREET NUMBERING INSPECTOR, BUILDING DEPARTMENT 1010 Massachusetts Avenue, 5th Floor			
Number	Parcel No	Old Building Old Building	2 (2
District			,
Owner's Name	·	Old Building (No Change in Numb	3
Name of Applicant			er)
Street Numbering Inspec		Date	
TO SUP	ERVISOR OF PERMI	TS, PUBLIC WORKS DEPARTME	INT
		IF 1 OR 2 IS CHECKED, INFOR	MATION ON LEFT
		SIDE MUST BE COMPLETED A STREET NUMBERING INSPEC	
GSA No. An application for water/s Before any action is taken Number below.	on this application. It is	peen filed with the Boston water and Se respectfully requested that you fill in th	ewer Commission. he assigned DE
	<u>If new strue</u>	cture check here	1
Permit Address		Date	
		Type of work	
D.E.		Size of cut(s)	
Name of applicant			
Applicant's address			
ē			
Phone No.			
		Information supplied by of the Boston Water and Sewer Co	mmission
PRINCIPAL ADMINIS	STRATIVE ASSISTANT		
RETURN TO			

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