



**CITY OF BOSTON
INSPECTIONAL SERVICES DEPARTMENT**

STREET NUMBERING FORM

TO THE STREET NUMBERING INSPECTOR:

Permit Application # _____

- New Building (New Number Required) New Building (No Change in Number)
- Old Building (New Number Required) Old Building (No Change in Number)

Street Number: _____ Ward: _____

Street Name: _____ District: _____ PID: _____

Owner's Name: _____ Tel. No.: _____

Name of Applicant: _____ Tel. No.: _____

Street Numbering Inspector: _____ Date: _____

**TO SUPERVISOR OF PERMITS, PUBLIC WORKS DEPARTMENT
CITY HALL, ROOM 714 (617) 635-4900**

IF 1 OR 2 IS CHECKED, INFORMATION ON THE LEFT SIDE MUST BE COMPLETED AND SIGNED BY STREET NUMBERING INSPECTOR

An application for water/sewer service/repair has been filed with the Boston Water and Sewer Commission. Before any action is taken on this application, it is respectfully requested that you fill in the assigned D.E Number below.

Name of Applicant: _____	Date: _____
Applicant's Address: _____	Type of Work: _____
_____	Size of Cut(s): _____
Permit Address: _____	_____
D.E _____	_____

Information supplied by _____ of the Boston Water and Sewer Commission.

SUPERVISOR OF PERMITS

DATE

**ENGINEERING SERVICES DEPARTMENT
BOSTON WATER AND SEWER COMMISSION
RETURN TO: 4TH FLOOR
980 HARRISON AVENUE
BOSTON, MA 02119
(617) 989-7000**