



**CITY OF SOMERVILLE, MASSACHUSETTS**  
**INSPECTIONAL SERVICES DEPARTMENT – BUILDING DIVISION**  
**KATJANA BALLANTYNE - MAYOR**

**Building Permit Card Replacement Request Form**

**Directions:** Fill out this form and upload it to the permit file of the permit card and signatures you need to replace. A \$50 replacement fee will be charged to the permit. After payment of the replacement fee, and verification of accuracy of the form, an ISD administrator will process your replacement request. Please give 3-5 business days for the card to be replaced.

**Section 1 Requestor Information (Required):**

*Note: ISD will only replace cards requested by the Licensed Construction Supervisor of the permit or the Property Owner. Check box as applicable.*

☐ Construction  
Supervisor

☐ Property  
Owner

\_\_\_\_\_  
Print Requestor Name

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor Phone #

**Section 2 Permit Information (Required):**

*Enter the information of the Permit Card you need replaced. If your building permit is associated with other permits, enter those as applicable.*

\_\_\_\_\_  
Permit# of Card Replacing

\_\_\_\_\_  
Project Address

\_\_\_\_\_  
Associated Electrical Permit #

\_\_\_\_\_  
Associated Plumbing Permit #

\_\_\_\_\_  
Associated Other Permit #s

**Section 3 Building Inspections Completed:**

*Fill in the building inspections you have already passed, the date of inspection and Inspector name. Supplying this information will improve accuracy and speed of processing a replacement card.*

\_\_\_\_\_  
Type (Insulation, screw etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Name

\_\_\_\_\_  
Type

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector Name



Form Version 2025/01

DPW BUILDING • 1 FRANEY ROAD • SOMERVILLE, MASSACHUSETTS 02145  
(617) 625-6600 EXT. 5600 • TTY: (866) 808-4851 • FAX: (617) 666-2624  
[www.somervillema.gov](http://www.somervillema.gov)



_____	_____	_____
Type	Date	Inspector Name

_____	_____	_____
Type	Date	Inspector Name

_____	_____	_____
Type	Date	Inspector Name

_____	_____	_____
Type	Date	Inspector Name

_____	_____	_____
Type	Date	Inspector Name

**Section 4 Electrical Inspections Completed:**

*If your building permit is associated with an Electrical Permit enter the permit number (the same as in section 2) and the date of inspection and Inspector name of on any of the completed inspections as applicable. Supplying this information will improve accuracy and speed of processing a replacement card.*

\_\_\_\_\_  
Associated Electrical Permit #

Rough Electrical	_____	_____
	Date	Inspector Name

Final Electrical	_____	_____
	Date	Inspector Name

**Section 5 Plumbing Inspections Completed:**

*If your building permit is associated with a Plumbing Permit enter the permit number (the same as in section 2) and the date of inspection and Inspector name of on any of the completed inspections as applicable. Supplying this information will improve accuracy and speed of processing a replacement card.*

\_\_\_\_\_  
Associated Plumbing Permit #

Rough Plumbing	_____	_____
	Date	Inspector Name

Final Plumbing	_____	_____
	Date	Inspector Name

*(Remainder of form continues on page 3)*

**Section 6 Other Permit Inspections Completed:**

*If your building permit is associated with any other permits (such as a Sheet Metal permit) enter the permit number (the same as in section 2) and the date of inspection and Inspector name of on any of the completed inspections as applicable. Supplying this information will improve accuracy and speed of processing a replacement card.*

---

Associated Other Permit #s

<hr/> Inspection Type	<hr/> Date	<hr/> Inspector Name
-----------------------	------------	----------------------

<hr/> Inspection Type	<hr/> Date	<hr/> Inspector Name
-----------------------	------------	----------------------

<hr/> Inspection Type	<hr/> Date	<hr/> Inspector Name
-----------------------	------------	----------------------

<hr/> Inspection Type	<hr/> Date	<hr/> Inspector Name
-----------------------	------------	----------------------