



TOWN OF OXFORD

Building Department

325 Main Street, Oxford, MA 01540
Phone (508) 987-6045 ext. 4
Fax (508) 987-3934
building@oxford.ma.us

EXTERIOR SIDING CERTIFICATION

PERMIT NO.: _____

PROPERTY ADDRESS: _____

**AS THE HOMEOWNER, GENERAL CONTRACTOR AND OR EXTERIOR SIDING
CONTRACTOR, WHO PERFORMED THE WORK;**

I, _____, LICENSE NO. _____

I hereby certify to the best of my knowledge and belief, that the said
“EXTERIOR SIDING PROJECT” located at the above listed address, in the Town of
Oxford, has been constructed and completed in accordance with all applicable
Codes & Regulations of the current Edition of the Massachusetts, 780 CMR,
Building Code and also within all Manufacturer’s Installation Guidelines.

COMPANY NAME: _____
PRINT

SIGNATURE OF CONTRACTOR/HOMEOWNER: _____

DATE OF COMPLETION: _____

**THIS FORM SHALL BE FILLED OUT BY THE CONTRACTOR / HOMEOWNER AND
RETURNED TO THE OXFORD BUILDING DEPARTMENT AT THE
COMPLETION OF THE PROJECT PRIOR TO REQUESTING FOR A FINAL BUILDING
INSPECTION.**