

**TOWN OF ROXBURY**  
**Department Approval Checklist**

**Property Address** \_\_\_\_\_

**Owner** \_\_\_\_\_

**Project Description** \_\_\_\_\_

*INSTRUCTIONS: Applicant must have all applicable approvals signed off and applicant shall submit completed form to the Building Department or no permit or CO can be issued.*

DEPARTMENT	APPROVED BY	DATE	COMMENTS
ASSESSOR			
INLAND WETLANDS			
DRIVEWAY			
HEALTH			
ZONING			
FIRE MARSHAL			
TAX COLLECTOR			
Historic Dist			

**FINAL APPROVALS**

DRIVEWAY			
HEALTH			
ZONING			
FIRE MARSHAL			
TAX COLLECTOR			