



## *Town of Marshfield*

Building / Zoning Department  
870 Moraine Street  
Marshfield, Massachusetts 02050  
Tel: 781-834-5555 Fax: 781-834-6289

### **WITHDRAWAL OR RELEASE OF LICENSED PERSON(S) FROM PERMIT**

License Holder is:

Permit # \_\_\_\_\_

- ☐ Construction Supervisor (CSL)      ☐ Home Improvement Contractor (HIC)
- ☐ Electrician      ☐ Plumber      ☐ Gas Fitter      ☐ Sheet Metal Worker

Name: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

- ☐ **I am the owner** of the property and hereby release the party above.
- ☐ **I am the License Holder** and hereby remove myself from the project above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_