



***Town of Milford***  
***Department of Inspections***

52 Main Street, Milford, MA 01757  
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John Erickson  
Building Commissioner  
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**CONTRACTORS AFFIDAVIT OF COMPLETED**  
**WEATHERIZATION WORK**

**JOB SITE ADDRESS:** \_\_\_\_\_

**PERMIT#:** \_\_\_\_\_ **ISSUED:** \_\_\_\_\_

As the Construction Supervisor, responsible for the job supervision and performing the construction work as described on the building permit issued on: \_\_\_\_\_

I certify and acknowledge that the work performed was installed and completed in compliance with all the requirements of 780 CMR Ninth Edition, Massachusetts State Building Code.

**Sworn to and subscribed under penalty of perjury.**

Construction Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Construction Supervisor License Number: \_\_\_\_\_

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

Contact Phone#: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**PLEASE RETURN COMPLETED AFFIDAVIT TO THE TOWN OF MILFORD**  
**DEPARTMENT OF INSPECTIONS AT THE CONCLUSION OF THE PROJECT**

You may also email completed forms to: [jcenedella@townofmilford.com](mailto:jcenedella@townofmilford.com)