CITY OF BOSTON
STREET NUMBERING FORM

TO STREET NUMBERING INSPECTOR, INSPECTIONAL SERVICES DEPARTMENT
1010 Massachusetts Avenue, 5th floor

Street ____________________________ Ward ___________ New Building ______
Number __________________________ Parcel No. ___________ Old Building ______
District ____________________________ Owner's Name ___________ Old Building ______
Name of Applicant ____________________________ Date ____________________
Street Numbering Inspector ____________________________

TO SUPERVISOR OF PERMITS, PUBLIC WORKS DEPARTMENT
Room 714, City Hall

An application for water/sewer service/repair has been filed with the Boston Water and Sewer Commission. Before any action is
taken on this application, it is respectfully requested that you fill in the assigned D.E. Number below.

Name of applicant ____________________________ Date ____________________
Applicant's address ____________________________ Type of work ____________________________
Size of cut(s) ____________________________
Permit Address ____________________________
D.E. ____________________________

Information supplied by ____________________________

of the Boston Water and Sewer Commission

SUPERVISOR OF PERMITS

RETURN TO

ENGINEERING SERVICES DEPARTMENT
BOSTON WATER AND SEWER COMMISSION
4th FLOOR
425 SUMMER STREET
BOSTON, MASSACHUSETTS, 02210