



TOWN OF MERRIMAC  
**INSPECTIONAL SERVICES**

2 School Street Merrimac, MA 01860 Ph.  
(978) 346-0525 Fax (978) 346-0522

**REQUEST TO WAIVER PERMIT FEES**

**Request made by:** *(Please Print)*

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

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Type of permit:** (example: Building, Electrical, Plumbing and/or Gas, etc.)

\_\_\_\_\_

*This request must first be reviewed, then approved or denied by the Inspectional Service Department. Upon approval or denial, you will be contacted and your requests will be forwarded to the Board of Selectmen.*

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On this day, I have reviewed the above request: ☐ *Approved* ☐ *Denied*

**Signature:** \_\_\_\_\_  
*Robert Sinibaldi*

**Date:** \_\_\_\_\_