Town of Orleans
Express Permit
Residential Only

Construction Address: _____

☐ Old Kings Highway Historic District *

***Any work that will change the appearance of the structure will require the approval of the* Architectural Review Committee (commercial only) *or* the Old Kings Highway Historic District Commission *before a permit will issue*.**

Owner: _____
Name Address Tel. #

Contractor: _____
Name Address Tel. #

Contractor Email Address: _____

Construction Supervisor Lic. # _____ Home Improvement Reg. # _____

Work to be performed:

☐ Same size replacement windows # _____ U value _____ (max. 0-.44)
(Please note that some units may need Safety glazing, per MSBC 780 CMR 3603.20.4)

☐ Same size replacement doors # _____ U value _____(max. 0 - .44)

☐ Siding # of Squares _____ O stripping old shingles O going over old shingles

Existing Material: _____ Proposed Material: _____

☐ Re-roof # of Squares _____ O stripping old shingles O going over old shingles

Existing Material: _____ Proposed Material:_____

____ layers of existing roof ***DRIP EDGE IS REQUIRED ON ALL ROOF EDGES INCLUDING RAKES***

☐ Insulation sq. ft. _____ R value _____ Location _____ Type of _____

Estimated value of the work to be performed $ _____

The debris will be legally disposed of at:_____

Applicant's signature: _____ Date: _____

Owner authorization (required): _____ Date: _____

Fee for the above work: $75 for each category of work per structure

Rev. 12.11.25