



***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**  
**SOLAR 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, including any structural upgrades if required by a design professional and any requirements for battery backup storage if applicable.

**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: [jcnedella@townofmilford.com](mailto:jcnedella@townofmilford.com)