

Please Print Clearly

THIS APPLICATION IS NOT FOR INTERIOR OR PARTIAL DEMOLITION

Permit #.....Zone.....Type of Construction.....Block Plan.....St/Parcel#.....

Historical

****Applicant Not To Fill In Spaces Above This Line****

Application For Demolition

Date.....

1. Street and No.....

2. Owner's Name.....Address.....

City.....State.....Zip.....Tel.....

3. Architect's Name.....Address.....

City.....State.....Zip.....Tel.....

4. Contractor's Name.....Address.....

Tel.....Lic. No.....Signature of Licensee.....

5. Use of Building or Structure.....

6. Size of Building , Square Footage.....Stories.....

7. If A Multi-Residence Building—How Many Units.....

8. Method of Disposal of Debris.....

As required by Massachusetts State Building Code, Chapter 1, Section 111.5 all debris resulting there from shall be disposed of in a properly licensed solid waste facility.

9. Demolition Sign Offs

DATE

BY

BAY STATE GAS

ELECTRIC

SWSC

D.P.W. WAIVER

LABOR & INDUSTRY

TELEPHONE

CABLE

As required by Massachusetts State Building Code, Chapter 1, Section 112.1, a demolition permit will not be issued until a release is obtained that the respective services have been removed.

10. Estimated Cost.....

The undersigned certifies that the above statements are true to the best of their knowledge and belief.

.....
Signature of owner, architect, engineer or authorized representative

DESCRIPTION OF WORK TO BE DONE

.....