

APPLICATION FOR PERMIT TO RAZE BUILDINGS

Attachment to Building Application

ADDRESS OF PROPERTY TO BE RAZED: _____

MAP _____ PLOT _____ OWNER _____

OWNER'S ADDRESS: _____ DATE: _____

DEMOLITION CONTRACTOR: _____

DEMOLITION CONTRACTOR'S ADDRESS: _____

DEMOLITION CONTRACTOR'S LICENSE: # _____ PHONE: _____

BUILDING DESCRIPTION: 1, 2, 3, 4, 5, 6, - FAMILY OTHER: _____

WOOD FRAME

MASONRY

STEEL

DESTINATION OF DEBRIS: _____

BILL OF LADING—RECEIVED: _____ DATE: _____
SIGNATURE

*****DEMOLITION MUST BE IN ACCORDANCE WITH THE MASSACHUSETTS STATE BUILDING CODE 780CMR.**

*****CONTRACTOR IS REQUIRED TO HAVE PHOTOSTATIC COPIES OF:**

- 1) MASS STATE SUPERVISOR'S LICENCE
- 2) EVIDENCE OF INSURANCE

*****CONTRACTOR MUST NOTIFY & HAVE SIGN-OFFS FROM ALL UTILITY COMPANIES FOR SERVICE TERMINATION (UTILITIES MUST BE TERMINATED AT THE SIDEWALK)**

*****ALL ITEMS BELOW MUST HAVE AUTHORIZED SIGNATURES WITH TITLES & BE RETURNED TO THE BUILDING DEPARTMENT BEFORE AUTHORIZATION WILL BE GIVEN FOR DEMOLITION:**

RAZING FEES
\$.20 PER SQ. FT.
_____ SQ.
_____ FT. 20
AMOUNT PAID

GAS COMPANY: _____

ELECTRIC COMPANY: _____

TELEPHONE COMPANY: _____

WATER: _____

SEWER: _____

BOARD OF HEALTH: _____

POLICE DEPARTMENT (DETAIL): _____

FIRE DEPARTMENT (OIL TANK): _____

SUPT. OF BUILDINGS: _____

*****CERTIFICATE OF EXTERMINATION MUST BE GIVEN TO BOARD OF HEALTH (5) DAYS PRIOR TO DEMOLITION**