TOWN OF ATHOL ADDITIONAL INFORMATION FOR DEMOLITION

DATE	ADDRESS	APPRO		OX. YEAR BUILT	
DESCRIPTION OF PROPERTY			MAP	LOT	
OWNER			PHONE		
CONTRACTOR			РНО	NE	
BUILDING TYPE		PRESENT USE			
780 CMR 112.0 of the S release is obtained from regulators have been rer GAS COMPANY:	State Building Code states: "A permit to the utilities stating that their respective moved or sealed & plugged in a safe man	demolish or remove a building service connections and appunner." TELEPHOL	ng or structur artenant equi	re shall not be issued until a pment, such as meters and NY:	
	Name:				
Signature:	ure: Signature:				
ELECTRIC COMPANY: Name: Title/Position:		CABLE TELEVISION: Name: Title/Position:			
Signature:		Signature:			
	y certify that all utilities located at the all olugged in accordance with 780 CMR 11			thol, Massachusetts, are	
Board of Health 978-249-7934		Dust control plan (or Asbestos assessment		y) if required ctor assessment control	
Signat	ture Date				
Fire Dept 978-249-8275		Historical Commission 978-249-0156	l		
Signal Conservation Commissi 978-249-3734			gnature	Date	
Signal In accordance with the p	ture Date provisions of MGL, c40, S. 54, a condition shall be disposed of in a properly license	on of this building permit is			
NAME OF DISPOSAL	FACILITY / HAULER				
	n of said building shall be done in ac val of any fuel storage tank may req			Fire Department.	
SIGNATURE OF A	PPLICANT	INSPECT	OR OF BI	UILDINGS	

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DISPOSAL AFFIDAVIT

In accordance v	with MGL c.40 ss.54	and Section 111.5 of 780 CMR,		
Massachusetts	Sate Building Code,	I certify that all debris resulting from		
work associated at:				
Job Location		-		
will be properly	y disposed of at:			
Name	Address	Address		
a licensed solid	waste disposal facili	ity as define by MGL c111 & 150A.		
If the debris wi	ll not be disposed of	as indicated, the holder of the permit		
shall notify the	building official in v	writing, as to the location where the		
debris will be d	isposed of.			
Signed under th	ne pains & penalties of	of perjury.		
<u> </u>				
Signature of Ap	oplicant	Date		
Print Name of A	Applicant			
Company Nam	e (if any)			
Address				