



Town of Abington
DEPARTMENT OF INSPECTIONS
 500 GLINIEWICZ WAY
 ABINGTON, MA 02351
 (781) 982-2105
 FAX (781) 982-~~0068~~

2121

APPLICATION / PERMIT FOR DEMOLITION

Demolition Permit # _____

Fee \$ _____

Cash Check # _____

Application Date _____

Estimated Cost \$ _____
 (Assess Value & Clean Up)

1. Name & Address of Applicant / Agent: _____

Phone # _____

2. Name & Address of Owner: _____

Phone # _____

3. Location of Property: Assessor's Map: _____ Lot. # _____

Street Address: _____

4. Type of Building / Structure: _____ Dimensions: _____

5. Nature of Construction: _____ No. of Stories: _____

6. Residential or Accessory Building? _____ Commercial or Accessory? _____

7. Utilities to Structure: Check Applicable Boxes:

A. Electric B. Gas C. Sewer D. Water E. Other

A. Electric: Date & Time Informed: _____ A.M. / P.M.
 Released by: _____ (Signature Official)

B. Gas: Date & Time Informed: _____ A.M. / P.M.
 Released by: _____ (Signature Official)

C. Sewer / Septic: Date & Time Informed: _____ A.M. / P.M.
 Released by: _____ (Signature Official)

D. Town Water / Well Water: Date & Time Informed: _____ A.M. / P.M.
 Plumbing Permit: _____ Plumber: _____
 Released by: _____ (Signature Inspector)

E. "Other" Nature of Utility: _____ Date & Time Informed: _____ A.M. / P.M.
 Official Notified: _____ Signature _____

8. Proposed location and manner of disposal of demolition material:
 (be specific) _____

9. Intended date for complete site cleaning: _____

STATEMENT OF APPLICANT: I understand and affirm that I am responsible for the proper completion of this demolition project.

Date Issued: _____

Approved: _____

Inspector of Buildings

 Signature of Applicant / Agent

Signature of Applicant / Agent