



City of Marlborough

BUILDING DEPARTMENT

Tel. (508) 460-3776 Facsimile (508) 460-3736 TDD (508) 460-3610

DEMOLITION PERMIT

Date: _____

Permit No. _____

Location of Work Site: _____

What is being Demolished (include size) _____

Owners Name (Print) _____ Phone _____

Address _____

Contractor: _____

CSL # _____ Phone No. _____

Is Asbestos present on this site? **YES** **NO**

Are there Oil tanks or similar storage tanks present on this site? **YES** **NO**

- Attach verification that all utility services have been disconnected (NStar-Gas, National Grid, Water, Sewer, phone, cable)
- Attach Rodent Control
- Attach Dust Control (DPW)

Method of Removal: _____ Hand _____ Heavy Equipment

Type of Fill Material: _____

Duration from Start to Finish: _____

The undersigned applicant certifies that he/she is the legal owner of the property OR has been authorized to act as an agent of the owner with their full knowledge and consent.

Name of Applicant (print)

Signature of Applicant

FOR FINAL, YOU NEED TO SUBMIT THE TIPPING RECEIPT TO THIS OFFICE