

Permit Fee: \$ \_\_\_\_\_  
GF \_\_\_\_\_  
OS: \_\_\_\_\_  
Inspections: \_\_\_\_\_

**CITY OF MARLBOROUGH**  
MARLBOROUGH, MASSACHUSETTS 01752-3812



**Demolition Permit Application**

Received: \_\_\_\_\_  
  
Permit # \_\_\_\_\_  
Date Issued: \_\_\_\_\_

**I. LOCATION OF PROPERTY**

Address \_\_\_\_\_ Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

**II. PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**III. SCOPE OF WORK:**

Notification letters to abutters (780 CMR 112.2) \_\_\_\_\_  
Attach verification of all utility service disconnects. (NStar-gas, National Grid-electric, City of Marlborough –water/sewer, phone, cable)  
Attach rodent control verification. \_\_\_\_\_, Dust control – contact DPW.  
Hazardous material to be removed as a prerequisite? \_\_\_\_\_ Oil tanks \_\_\_\_\_, asbestos containing material \_\_\_\_\_, siding \_\_\_\_\_, roofing \_\_\_\_\_, Insulation \_\_\_\_\_  
Method: Hand labor \_\_\_\_\_, Heavy equipment \_\_\_\_\_, Type of proposed fill material \_\_\_\_\_  
Duration start to finish \_\_\_\_\_.

**IV. BUILDING CHARACTERISTICS:** Frame \_\_\_\_\_ Masonry \_\_\_\_\_, Wood \_\_\_\_\_, Structural Steel \_\_\_\_\_

**V. CONTRACTOR:**

Name and Address: \_\_\_\_\_  
Phone/cell # \_\_\_\_\_, facsimile # \_\_\_\_\_, email \_\_\_\_\_  
CSL # \_\_\_\_\_, Workers Comp. Insurance carrier and policy #: \_\_\_\_\_

**VII: READ CAREFULLY BEFORE SIGNING:**

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