

PERMIT APPLICATION
FOR DEMOLITION

Tri-Town South Shore
Development
Corporation

223 Shea Memorial Drive
S. Weymouth, Massachusetts
02190

ph 781.682.2187

f 781.682.2189

*** FOR SSTITDC USE ONLY ***

PERMIT NO.: _____ **PERMIT FEE: \$** _____

INSPECTOR APPROVAL: _____ **DATE:** ___/___/___

- **Copy of Contractor License received:** () Yes () No
- **Copy of Photo I.D. received:** () Yes () No
- **Copy of Insurance Certification Received:** () Yes () No

*** THIS SECTION TO BE FILLED OUT BY APPLICANT ***

Address / Building No./ Location: _____

Sheet: _____ Block: _____ Lot (s): _____

Name of Owner: _____ Telephone No. _____

Address: _____

Description of Project: _____

Name of Demolition Contractor: _____ Telephone No: _____

Address: _____

Name of Architect / Engineer: _____ Telephone No. _____

Address: _____

Zoning: _____ Type: _____ Use Group: _____ Lot Area: _____

Scheduled Demolition Start Date: ___/___/___ Method of Demolition: _____

Estimated Cost of Demolition: \$ _____

I hereby certify that all of the details and information I have submitted with or entered in this application are true and accurate to the best of my knowledge and that all work and installations performed under permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code. **Permit must be obtained before starting work.**

Signature of Owner or Authorized Representative _____

MA C.S. No. _____ Name: _____ Telephone No.: _____

Address: _____

SUPPLEMENT #1: DEBRIS DISPOSAL

In accordance with provisions of Massachusetts General Law C40, S54, debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by Massachusetts General Law C111, S150A.

The debris will be disposed of in: _____
(Location of Facility)

Signature of Permit Applicant: _____ Date: _____

* THIS SECTION TO BE FILLED OUT BY SSTTDC OR IT'S AGENT *

Health Department Demolition Waiver

Inspection Date: ____/____/____ Health Inspector: _____

Rodent or Vermin Evidence: () Yes () No Type: _____

Extermination Waived By: _____

Exterminated By: _____

Hazardous Materials Requiring Removal Prior to Demolition:

Asbestos Containing Materials: () Yes () No Type: _____

Asbestos Removal Contractor (s): _____

Location of Landfill (s): _____

Mercury Containing Devices: () Yes () No

Disposal Method: _____

Paints, Pesticides: () Yes () No

Disposal Method: _____

PCB Oil Filled Containers: () Yes () No Type/Location: _____

Other : _____

Storage Tank: () Yes () No () Above Ground () Below Ground

Storage Tank Location/Size/Quantity: _____

NOTE: Prior to the removal of storage tanks, the applicant shall obtain and complete a storage tank removal Application and Permit from the Weymouth Fire Department.

Copy of completed storage tank removal Application and Permit attached: () Yes () No

DEMOLITION DEBRIS RECYCLING

() Off-site () On -site Location on-site: _____

Temporary Stockpile Location (if applicable): _____

On-site Material Processing Location: _____

On-site Reuse Application: _____

Notes: _____

DEMOLITION REVIEW AND APPROVAL

This section must be signed by all applicable representatives listed below prior to issuance of a Demolition Permit. Signatures indicate that the applicable representative has reviewed and approved the demolition plans associated with this application. This section shall be returned to SSTDTC once completed.

Check
Applicable

() 1. **Water** _____ Date: _____
Name/Title/Company or Town

Comments: _____

() 2. **Sewer** _____ Date: _____
Name/Title/Company or Town

Comments: _____

() 3. **Gas** _____ Date : _____
Name/Title/Company or Town

Comments: _____

() 4. **Electric** _____ Date : _____
Name/Title/Company or Town

Comments: _____

() 5. **Telecom** _____ Date : _____
Name/Title/Company or Town

Comments: _____

() 6. **Fire Dept.** _____ Date : _____
Name/Title/Company or Town

Comments: _____

() 7. **Health Dept.** _____ Date : _____
Name/Title/Company or Town

Comments: _____

() 8. **Digsafe Ticket No.** _____ Date: _____
(1-888-344-7233)