



The Commonwealth of Massachusetts  
 Department of Public Safety  
 One Ashburton Place, Room 1301  
 Boston, Massachusetts 02108-1618  
 Phone: (617) 727-3200 Fax: (617) 727-5732

**Demolition Permit Sign-Off**  
 (Supplement to permit application)

I, \_\_\_\_\_, hereby supply the following releases as part of the application for a permit to demolish the structure located at \_\_\_\_\_  
 \_\_\_\_\_, and shown on the Assessor's Maps of \_\_\_\_\_ as being on Map # \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

Utility to be Notified	Notice Received by	Date Received
Gas		
Telephone.		
Electric		
Public Utilities (Municipal)		
Health Department		
Fire Department		
Department of Labor & Industries (Asbestos/Lead)		
Other		

Demolition debris hauler: \_\_\_\_\_

Location of licensed demolition debris landfill: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_

This sheet must be returned to the Inspections Department along with a completed application for a permit, a site plan, and any other applicable information and fees.