



TOWN OF MEDFIELD

BUILDING DEPARTMENT

459 Main Street, Medfield, MA 02052

Phone: 508-906-3005

APPLICATION FOR PERMIT TO DEMOLISH STRUCTURE

PLEASE WRITE LEGIBLY

Permit Number	
Permit Fee	\$300
Date	

Address of Building to be Demolished:

Owner's Name: _____

Address: _____

Phone: _____ Email: _____

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Year building constructed*: _____

***Buildings over 50 years old are subject to Demolition Delay Bylaw**

Existing Use: _____ Existing Building Area: _____

Applicant certifies that notification has been provided to all adjoining abutters: _____

Applicant's Signature

Disconnect/Approval letters are required for all applicable utilities:

- Water
- Sewer
- Gas

- Electric
- Oil Tank
- Telephone/Cable

Pre-Demolition Asbestos Survey is required in accordance with 310 CMR 7.15

Certified Plot Plan and copy of Assessor's Record Card are required

Method of Demolition*: _____

**Fire Department Detail Required During Demolition for Dust Control*

Estimated Cost of Demolition: _____

CSL License #: _____ Expiration: _____

Medfield Fire Dept. Approval: _____ Date: _____

Applicant Signature: _____ Date: _____

Building Dept. Approval: _____ Date Issued: _____