



# 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

☐ Electric

☐ Sewer

☐ Oil Tank

☐ Gas

☐ 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: \_\_\_\_\_