



DEMOLITION PERMIT APPLICATION

TOWN OF OAK BLUFFS
BUILDING DEPARTMENT

Ph. 508-693-3554

Ext 123

Assessor's Information: **Map** _____ **Parcel** _____
Assessor Initials _____ **REQUIRED**

App. # _____ Permit # _____

Fee: \$500.00 Check # _____

THIS APPLICATION MUST BE COMPLETE AND PERMIT ISSUED BEFORE STARTING ANY WORK

Owner of Property: _____ Address _____

Contact Info: P O Box _____ Hme. _____ Cell _____

DEMOLITION ADDRESS: _____

Date of Demolition: _____ Directions: _____

Residential Commercial Wetlands* Yes No

EST. VALUE OF EXISTING STRUCTURE: \$ _____ EST. COST OF DEMO \$ _____
REQUIRED

*** Please Note:** ANY building or portion thereof that is 100 years old or greater, regardless of location in the town, requires you to file a Demolition Delay Form. If there is any doubt as to the age of the structure, please file the application with the building department.

Demolition Contractor: _____ **License#:** _____ **Exp:** _____

Address: _____ **Phones:** _____

Debris will be disposed By: _____ **AT:** _____
Licensed Disposal Contractor Lic. # _____ *Name of Facility* _____

Has the Disposal Facility been notified of the pending debris disposal? YES? NO?

Attach Consent Form

I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268 Section I.

Continued on Back

Health Department

Does The Proposed Demolition Structure or Site Contain:

ASBESTOS: IN ANY FORM Yes____No____ If Yes, Please Comply With The Requirements Below, Answer All Of The Questions, And Contact The Health Inspector Immediately.

1. **Applicant or Contractor Must Comply with Mass. DEP CMR 7.09 and Submit an AQ-06 Notification and Provide the Decal or Sticker Number Issued by Mass. DEP**
2. **RODENTS:** Any structure proposed for demolition must be inspected by a licensed, certified inspector for Rodents or Pests of any kind and a report submitted to the Health Inspector.
3. As per MGL Chpt. 40:Sec 54 Complete Disposal Information on back.
4. Will the propose demolition, construction, or site activity Damage, Break, Crush or Pulverize any Asbestos? _____YES? _____NO?
5. On completion of Construction / Demolition activity, will the site be Free of Asbestos? _____YES?
_____NO

Applicant's Signature: _____ Date: _____

Approved By: _____ Date: _____

PLEASE USE THE SPACE BELOW FOR ADDITIONAL INFORMATION OR ATTACH PAGES TO THE BACK OF THIS APPLICATION