



Town of Plainville  
Building Department  
190 South Street  
Plainville, MA 02762  
Tel: 508-576-8491

## APPLICATION FOR PERMIT FOR DEMOLITION

Estimated Cost: \_\_\_\_\_

Demolition Permit # \_\_\_\_\_

Fee\$ \_\_\_\_\_

Application Date \_\_\_\_\_

1. Name & Address of Applicant/Agent \_\_\_\_\_

2. Name & Address of Owner \_\_\_\_\_ Tel. \_\_\_\_\_

3. Location of Property: Assessor's Map: \_\_\_\_\_ Lot: \_\_\_\_\_  
Street Address: \_\_\_\_\_

Dimensions: \_\_\_\_\_

No. of Stories: \_\_\_\_\_

Commercial or Accessory: \_\_\_\_\_

6. Residential or Accessory Building: \_\_\_\_\_

7. Utilities to Structure: Check Applicable Boxes:

A.  Electric    B.  Gas    C.  Sewer    D.  Water    E.  Other

|                                     | Printed Name | Signature | Date |
|-------------------------------------|--------------|-----------|------|
| Sewer Department/Plumbing Inspector |              |           |      |
| Water Department/Plumbing Inspector |              |           |      |
| Electric Company/Wiring Inspector   |              |           |      |
| Gas Company/Gas Inspector           |              |           |      |
| Board of Health                     |              |           |      |
| Fire Department                     |              |           |      |
| Asbestos Survey                     |              |           |      |
| Pest Control                        |              |           |      |
| Historical Commission               |              |           |      |
| Conservation Commission             |              |           |      |

8. Proposed location and manner of disposal of demolition material (be specific)

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9. Intended date for complete site cleaning: \_\_\_\_\_

Statement of Applicant: I understand and affirm that I am responsible for the proper completion of this demolition project.

Date Issued: \_\_\_\_\_

Approved: \_\_\_\_\_

Inspector of Buildings

Signature of Applicant/Agent