



# Application to Demolish an Existing Structure

Building Commissioner  
37 Main Street  
Charlton, MA 01507  
508-248-2241

\_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: **Curtis J. Meskus, Building Commissioner**

## 1. Owner, Applicant Information

Property Address: \_\_\_\_\_ Assessors; Map \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_  
**Owner of Record Name:** \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
**Authorized Agent Name:** \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

**2. Proposed Project**                      **Estimated Cost \$** \_\_\_\_\_                      **Fee \$** \_\_\_\_\_

Zoning: \_\_\_\_ Lot Area: \_\_\_\_\_ Road Frontage: \_\_\_\_\_ Flood Zone: **Yes No**; Wetland within 100 feet: **Yes No**  
Describe structure(s) to be removed: \_\_\_\_\_  
Describe protection for the public during abatement and demolition process: \_\_\_\_\_  
What will be done to fill any holes and stabilize the site? \_\_\_\_\_

## 3. Contractor Information

Company name: \_\_\_\_\_ Contact name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Construction Supervisor: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Attach readable copies with picture, of current Construction Supervisor License.

## 4. Debris Disposal

In accordance with MGL Chapter 40, Section 54, the Owner/Authorized Agent for this project stipulates that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL Chapter 111, Section 150A.  
Name of Waste Facility: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
Name of Waste Facility: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

## 5. Other Signatures and Information

Town Collector: \_\_\_\_\_ For All Projects (MGL c 40 § 57)  
Board of Health: \_\_\_\_\_ If project might affect your sewage disposal system or well.  
Is the septic system or well being abandoned? **Yes No** Is the septic system being replaced? **Yes No**  
Sewer/Water: \_\_\_\_\_ If the property is connected to Municipal Water or Sewage  
Is the sewer connection being abandoned? **Yes No** Plans for sewer connection. \_\_\_\_\_  
Is a letter attached, from the electric company stating power has been disconnected? **Yes No**  
Has all hazardous material been removed from the building? **Yes No**  
Attach certificates of disposal for: Oil tanks \_\_\_\_\_, Propane tanks \_\_\_\_\_, Asbestos abatement \_\_\_\_\_, Other \_\_\_\_\_

Paid Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Initials: \_\_\_\_\_

Please complete reverse side.

**This application must be printed or typed, blue or black ink only.**

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**6. Workers Compensation Insurance** (MGL 152 section 25c)

Owner Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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I am an employer providing workers' compensation for my employees working in this job.  
Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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I am a sole proprietor  general contractor (check one) and have hired the contractors listed below who have the following workers' compensation policies: (attach addition sheets if necessary)  
Company name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$ 1500.00 and /or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and the fine of \$ 100.00 a day against me.  
**Attach current copies of certificates of insurance endorsed to the Building Inspector, Town of Charlton**

**7. Special Projects**

For projects that the Building Commissioner determines there is a need for professional oversight, provide plans and affidavits stamped by a Massachusetts Registered Design Professional.

Professional Name: \_\_\_\_\_ Company name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_,  
Zip \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

**8. Owner/ Agent Authorization**

I, \_\_\_\_\_, as the Owner of the subject property hereby authorize \_\_\_\_\_ to act on my behalf, in all matters relative to work authorized by this building permit application. \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of owner

I, \_\_\_\_\_, as Owner, / Authorized Agent hereby declare that all statements and information on and attached to this application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.  
Print Name \_\_\_\_\_,  
Sign Name \_\_\_\_\_ Date: \_\_\_\_\_

Please complete reverse side.

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