



Town of Plymouth  
**Division of Inspectional Services**  
26 Court Street  
Plymouth, Massachusetts 02360  
508-747-1620

**FOR DEMOLITION OF A BUILDING**

In order to be issued a permit the following must be completely filled out by the proper departments and submitted with your building application and the two attached affidavits.

**ELECTRICAL SERVICE**

The electrical service at \_\_\_\_\_ has been  
(Location)  
disconnected on \_\_\_\_\_.  
(Date)  
\_\_\_\_\_  
(Signature from Electric Company) (Date)

**WATER SERVICE** - Well Water (not applicable)

\_\_\_\_\_  
(Signature from Water Department) (Date)

**SEWAGE**

\_\_\_\_\_  
(Comments & Approval) If Town Sewage, see plumbing permit

**GAS**

The gas, natural or LP service at \_\_\_\_\_  
(Please circle one) (Location)  
has been disconnected on \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
(Signature from Gas Company) (Date)

**BOARD OF HEALTH** – Pest Control

\_\_\_\_\_  
(Comments & Approval)

**FIRE DEPARTMENT**

\_\_\_\_\_  
(Signature from Fire Department) (Date)

**MASS DEPT OF ENVIRONMENTAL PROTECTION**

All commercial, industrial and 20 unit or more residential buildings must provide a copy of an AQ06 Mass D.E.P. notification filing.

I have filed an AQ06 Notification Form with the Massachusetts  
DEP – ATTACH COPY

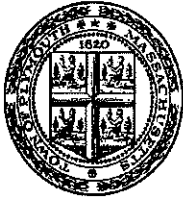
\_\_\_\_\_  
(Signature of Owner) (Date)

**HISTORIC DISTRICT COMMISSION**

Buildings 75 years old or older.

\_\_\_\_\_  
(Signature from HDC)

\_\_\_\_\_  
(Date)



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**AFFIDAVIT**

As a result of the provisions of MGL c 40, S54, I acknowledge that as a condition of Building Permit Number \_\_\_\_\_ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by \_\_\_\_\_  
(Two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

\_\_\_\_\_  
DATE

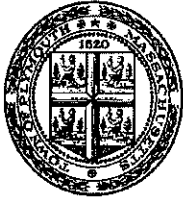
\_\_\_\_\_  
SIGNATURE OF PERMIT APPLICANT

(Print or Type the following information)

\_\_\_\_\_  
NAME OF PERMIT APPLICANT

\_\_\_\_\_  
FIRM NAME, IF ANY

\_\_\_\_\_  
ADDRESS



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In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number \_\_\_\_\_ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

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(Location of Facility)

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(Signature of Permit Applicant)

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(Date)

## TOWN OF PLYMOUTH

PERMIT # \_\_\_\_\_

BUILDING DEPARTMENT

ZONING # \_\_\_\_\_

### ADDENDUM FOR APPLICATION TO ALTER OR DEMOLISH

**FEE N/A**

Any applicant in the Town of Plymouth which submits an Application to Alter or Demolish to the Plymouth Building Department shall read the following information below, and acknowledge such by signing below.

Asbestos Containing Materials (ACM) was commonly used throughout the early 1900's and up until the late 1970's. The ACM generally consists of three types of materials:

1. Surfacing materials (sprayed or troweled on plaster, fireproofing, etc.)
2. Thermal System Insulation (materials applied to pipes, fittings, tanks and boilers)
3. Miscellaneous materials (certain floor tiles, ceiling tiles, transit board and asphalt shingles), non-friable ACM materials.

**Under Massachusetts Department of Environmental Protection (DEP) regulations (310 CMR 7.00) and Department of Labor and Workforce Development (DLWD) regulations (453 CMR 6.00), anyone performing asbestos removal or repair work must be licensed by the State of Massachusetts and DLWD to perform the asbestos abatement work, and requires specific work practices be followed. Additionally, the DEP/DLWD must be notified 10 days prior to demolition, renovation and construction projects involving asbestos.**

Building Permit applicants unsure whether their project involves asbestos containing materials (ACM) are advised to seek qualified professional assistance.

For more information regarding DEP and DLWD policies, contact the following:

DEP-Southeast Regional Office	(508) 946-2831
Department of Labor and Workforce Development	(508) 984-7718

I \_\_\_\_\_, being the homeowner or contractor of Lot \_\_\_\_\_, understand that I am totally responsible for construction done in accordance with this permit, and I acknowledge that I have read and that I understand the information included on this form.

\_\_\_\_\_  
Signature