



Town of Abington

OFFICE OF
BOARD OF HEALTH

500 GLINIEWICZ WAY
ABINGTON, MA 02351

TEL.: (781) 982-2119 • FAX (781) 982-2127
www.abingtonmass.com

Payment Received Date: _____
Payment Number: _____
Customer ID: _____
Permit Number: _____

APPLICATION FOR ASBESTOS REMOVAL PERMIT

Completed Permit should be: _____ Mailed _____ E-mailed _____ Picked up

STARTING DATE: _____ ENDING DATE: _____

ADDRESS ASBESTOS REMOVAL: _____

BUILDING OWNER'S NAME: _____

BUILDING OWNER'S ADDRESS: _____

Number *Street*

City *State* *Zip Code* PHONE: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S ADDRESS: _____

Number *Street*

City *State* *Zip Code* PHONE: _____

FAX: _____ E-MAIL ADDRESS: _____

FLOOR WHERE ASBESTOS IS TO BE REMOVED _____

SPECIFIC LOCATION OF THE ASBESTOS _____

APPLICANT'S NAME (PRINT): _____

APPLICANT'S SIGNATURE: _____ DATE: _____