



Town of Abington  
Building Department  
500 Gliniewicz Way  
Abington, MA 02351  
Tel: (781) 982-2105 E-Fax: (925) 480-8634

### APPLICATION FOR PERMIT FOR DEMOLITION

Estimated Cost \$ \_\_\_\_\_  
(Demolition & Site Clean Up)

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: \_\_\_\_\_

4. Type of Building: Structure: \_\_\_\_\_ Dimensions: \_\_\_\_\_

5. Nature of Construction: \_\_\_\_\_ No. of Stories: \_\_\_\_\_

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

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)  
\_\_\_\_\_

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