



OFFICE OF THE INSPECTOR OF BUILDINGS

**Town Of GREENFIELD, MASSACHUSETTS**

Town Hall, Greenfield, Mass, 01301

(413) 772- 1404

Fax: (413) 772-2238

**APPLICATION TO DEMOLISH ANY BUILDING**

**THIS FORM MUST BE FILED 7 DAYS PRIOR  
TO BEGINNING WORK**

This Section For Official Use Only

Building Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Commissioner/Inspector of Buildings

**SECTION 1 - SITE INFORMATION**

**1.1 Property Address:**

\_\_\_\_\_

**1.2 Assessors Map & Parcel Number:**

Map Number \_\_\_\_\_ Parcel Number \_\_\_\_\_

**1.3 Zoning Information**

Zoning District \_\_\_\_\_

**1.4 Property Dimensions:**

Lot Area (sf) \_\_\_\_\_ Frontage (ft) \_\_\_\_\_

**SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT**

**2.1 Owner of Record**

Name: (Print) \_\_\_\_\_ Address : \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

**2.2 Authorized Agent**

Name: (Print) \_\_\_\_\_ Address : \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone \_\_\_\_\_

**SECTION 3 - CONSTRUCTION SERVICES**

**3.1 Licensed (Demolition) Contractor:**

Licensed  
(Demolition) Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Not Applicable ±

License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

**DEMOLITION**

**PERMIT  
NUMBER**

**Section  
4**

**Workers' Compensation Insurance  
Affidavit**

Applicant Information: **Please PRINT Legibly**

Name: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_

I am a homeowner performing all work myself

I am a sole proprietor and have no one working in any capacity

I am an employer providing workers' compensation for my employees working on this job.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy#: \_\_\_\_\_

Attach additional sheet if necessary.

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 \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

*I do hereby certify under the penalties of perjury that the information provided above is true and correct.*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Phone # \_\_\_\_\_

<b>official use only</b>	<b>do not write in this area to be completed by city or town official</b>
city or town: _____	↑ Building Department _____
<input type="checkbox"/> <b>check if immediate response is required</b>	↑ Licensing Board _____
contact person: _____	↑ Selectmen's Office _____
permit/license# _____	↑ Health Department _____
phone#: _____	↑ Other _____

<b>Section 5</b>
Brief Description of Proposed Work

<b>SECTION 6 BUILDING HEIGHT AND AREA</b>
BUILDING AREA
Number of Floors or stories (include basement and attic levels) :
Building Width: _____ Building Height: _____ Building Length: _____

<b>SECTION 7 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT</b>
I, _____, as Owner of the subject property hereby authorize _____ to act on
_____
Signature of Owner _____ Date _____

<b>SECTION 8 - OWNER/AUTHORIZED AGENT DECLARATION</b>
I, _____, as Owner/Authorized agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.
Signed under the penalties of perjury.
(Print Name)
_____ (Date)
(Signature of Owner/Agent) _____ (Date)

<b>SECTION 9 – PERMIT FEE</b>
Permit Fee:
Check Number:
Check Date:
Cash (Attach copy of receipt.):

**SECTION 10 - NOTIFICATION**

The sixth edition of the Massachusetts State Building Code, 780 CMR, states in part: *“A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.”*

<input checked="" type="checkbox"/> if Notified	Utility to Notify:	Signature	Date
<input type="checkbox"/>	Gas	_____	_____
<input type="checkbox"/>	Telephone	_____	_____
<input type="checkbox"/>	Electric	_____	_____
<input type="checkbox"/>	Public Utilities (Municipal)	_____	_____
<input type="checkbox"/>	Health Department	_____	_____
<input type="checkbox"/>	Fire Department	_____	_____
<input type="checkbox"/>	Department of Labor & Industries (Asbestos/Lead)	_____	_____
<input type="checkbox"/>	Other	_____	_____

As a result of the provisions of MGL c40, S54, I acknowledge that as a condition of being granted a Building Permit, all debris resulting from the construction activity governed by said permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c111, S150A.

Demo/Debris Hauler Name: \_\_\_\_\_

Phone Number \_\_\_\_\_

I certify that I will notify the Building Official by (date) \_\_\_\_\_ (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.

Location of licensed demolition/debris landfill: \_\_\_\_\_

Signature \_\_\_\_\_

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

**Failure to obtain proper permits and inspections including final inspection may result in continued property tax assessments after demolition.**