



# DEMOLITION PERMIT APPLICATION

TOWN OF OAK BLUFFS  
BUILDING DEPARTMENT

Ph. 508-693-3554 Fax 508-693-5375

Owner of Property: \_\_\_\_\_ Address \_\_\_\_\_

Contact Info: P O Box \_\_\_\_\_ Hme. \_\_\_\_\_ Cell \_\_\_\_\_

Assessor's Information: **Map** \_\_\_\_\_ **Parcel** \_\_\_\_\_ Assessor Initials \_\_\_\_\_  
*REQUIRED*

DEMOLITION ADDRESS: \_\_\_\_\_

Date of Demolition: \_\_\_\_\_ Directions: \_\_\_\_\_

Residential ☐ Commercial ☐ Wetlands\* Yes ☐ No ☐

EST.COST OF EXISTING STRUCTURE: \$ \_\_\_\_\_ EST.COST OF DEMO \$ \_\_\_\_\_  
*REQUIRED*

**\* Please Note:** ANY building or portion thereof that is 100 years old or greater, regardless of location in the town, requires you to file a Demolition Delay Form. If there is any doubt as to the age of the structure, please call the Oak Bluffs Historic Commission at 508-693-0563.

Demolition Contractor: \_\_\_\_\_ License#: \_\_\_\_\_ Exp: \_\_\_\_\_

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

Debris will be disposed By: \_\_\_\_\_ AT: \_\_\_\_\_  
*Licensed Disposal Contractor Lic. #* *Name of Facility*

Has the Disposal Facility been notified of the pending debris disposal? YES? NO?  
Attach Consent Form

I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268 Section I.

Continued on Back

## Health Department

### Does The Proposed Demolition Structure or Site Contain:

**ASBESTOS:** IN ANY FORM Yes\_\_\_\_No\_\_\_\_ If Yes, Please Comply With The Requirements Below, Answer All Of The Questions, And Contact The Health Inspector Immediately.

1. Applicant or Contractor Must Comply with Mass. DEP CMR 7.09 and Submit an AQ-06 Notification and Provide the Decal or Sticker Number Issued by Mass. DEP
2. **RODENTS:** Any structure proposed for demolition must be inspected by a licensed, certified inspector for Rodents or Pests of any kind and a report submitted to the Health Inspector.
3. As per MGL Chpt. 40:Sec 54 Complete Disposal Information on back.
4. Will the propose demolition, construction, or site activity Damage, Break, Crush or Pulverize any Asbestos? \_\_\_\_\_YES? \_\_\_\_\_NO?
5. On completion of Construction / Demolition activity, will the site be Free of Asbestos? \_\_\_\_\_YES? \_\_\_\_\_NO

Applicant's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Approved By:\_\_\_\_\_ Date:\_\_\_\_\_

PLEASE USE THE SPACE BELOW FOR ADDITIONAL INFORMATION OR ATTACH PAGES TO THE BACK OF THIS APPLICATION