



Town of Southampton

Building Department

210 College Highway, Southampton, Mass. 01073

(413) 529-1007

Ron Laurin
Building Inspector

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

1.3 Zoning Information

1.4 Property Dimensions

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: _____

License Number: _____

Expiration Date: _____

DEMOLITION

PERMIT NUMBER: _____

Section 4: Workers' Compensation Insurance Affidavit

Please Print Legibly

Applicant Information

Name: _____

Address: _____

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 Number: _____

Insurance Company: _____ Policy Number: _____

- 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 Number: _____

Insurance Company: _____ Policy Number: _____

Company Name: _____

Address: _____

City: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

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 in the form of a STOP WORK ORDER and a fine of \$100/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 #: _____

Official Use Only

Do not write in this area, to be completed by Town Official

Town of Southamptton

Building Department

Contact: **Ron Laurin**

Phone Number: **(413) 529-1007**

Permit Number: _____

SECTION 5—Brief Description of Proposed Work

SECTION 6—Building Height and Area

BUILDING AREA

Number of Floors or stories (include basement and attic levels):

Building Width: _____ Building Height: _____ Building Length: _____

SECTION 7—Owner Authorization—TO BE COMPLETED WHEN OWNER’S AGENT OR CONTRACTOR APPLIES FOR A BUILDING PERMIT

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

Signature of Owner

Date

SECTION 8—Owner/Authorized Agent Declaration

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)

(Signature of Owner/Agent)

Date

SECTION 9—Permit Fee

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."

		Signature	Date
<input checked="" type="checkbox"/> if Notified	Utility to Notify		
<input type="checkbox"/>	Gas	_____	_____
<input type="checkbox"/>	Telephone	_____	_____
<input type="checkbox"/>	Electric	_____	_____
<input type="checkbox"/>	Water	_____	_____
<input type="checkbox"/>	Health Dept.	_____	_____
<input type="checkbox"/>	Fire Dept.	_____	_____
<input type="checkbox"/>	Dept. of Labor	_____	_____
<input type="checkbox"/>	Other	_____	_____

As a result of the provisions of MGL c40, §54, 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, §150A.

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: _____

It shall be the applicant's responsibility to notify the State DEP in regards to asbestos or other hazardous materials before the start of demolition.

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