



TOWN OF ROCKLAND
Building Department
242 Union Street
Rockland, Massachusetts

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APPLICATION/PERMIT FOR DEMOLITION

Date: ____/____/____ Demolition Permit No.: ____
Estimated Cost: \$ ____ Fee: ____

Property Address: ____
Map No: ____ Lot No: ____ Zone: ____

Name of Applicant/Agent: ____
Address: Street ____ Town: ____ Tel ____
CSL No: ____ HIC No: ____

Name of Owner: ____
Address: Street: ____ Town: ____ Tel: ____

Type of Building/Structure: ____ **Dimensions:** ____
Type of Construction: ____ **No. of stories** ____
Residential: ____ **Commercial:** ____ **Accessory:** ____

Utilities to Structure: Elec. ___ Gas ___ Sewer ___ Water ___ Other ___
Electric Sign-Off: ____ Date: ____/____/____
Gas Sign-Off: ____ Date: ____/____/____
Sewer Sign-Off: ____ Date: ____/____/____
Water Sign-Off: ____ Date: ____/____/____
Other Sign-Off: ____ Date: ____/____/____

Proposed location of demolition material: ____

Intended date for completing site cleanup: Date ____/____/____

Statement of applicant: I understand and affirm that I am responsible for the proper completion of this demolition project. ____

Approved: ____ **Date:** ____/____/____
Inspector of Buildings