



TOWN OF SOUTHBOROUGH

BUILDING DEPARTMENT

9 CORDAVILLE ROAD

SOUTHBOROUGH, MASSACHUSETTS 01772-1662

Main: (508) 485-0710

Demolition Permit Sign-Off

I, _____ hereby supply the following
(printed name)

releases as part of the application for a permit to demolish the structure located at:

_____ in Southborough, MA.
(printed street address)

This address is shown on the Assessors Map of _____,

Being on Map Number _____ and Block Number _____.

Utilities to be Notified	Notice Received By	Date Received
Gas		
Telephone		
Electric		
Public Utilities (municipal)		
Health Department		
Fire Department		
Department of Labor & Industries (Asbestos/Lead)		
Other		

Demolition Debris Hauler: _____

Location of Licensed Demolition Debris Landfill: _____

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Please Note: This form must be returned to the Building Department along with the completed application for a permit, site plan, and any other applicable information and fees.