



TOWN of BROOKLINE
Massachusetts

BUILDING DEPARTMENT

Daniel F. Bennett
Building Commissioner

Paul R. Campbell
Deputy Building Commissioner

DEMOLITION APPROVALS

DATE _____

LOCATION _____

FIRE DEPARTMENT _____

HEALTH DEPARTMENT _____

PRESERVATION COMMISSION _____

WATER/SEWER DIVISION _____

BUILDING DEPT. REFUSE/DEBRIS APPLICATION _____

APPLICANT IS RESPONSIBLE FOR WRITTEN RELEASE OF THE FOLLOWING:

NATIONAL GRID (800) 232-5325

EVERSOURCE (800) 592-2000

VERIZON (800) 870-9999

COMCAST (CABLE) (888) 633-4266

RCN (CABLE & PHONE) (800) 746-4726

WRITTEN RELEASE REQUIRED FROM EACH OF THE ABOVE BEFORE DEMOLITION PERMIT MAY BE ISSUED

TOWN of BROOKLINE
Massachusetts

BUILDING DEPARTMENT

To: FIRE DEPARTMENT

Date: _____

An application has been received to demolish the building at:

It is required that the Fire Department approves same.

Please sign and return to this department after above has been approved in order that the Building Permit may be issued.

APPROVAL OF FIRE DEPARTMENT

Fire Chief

Date

TOWN of BROOKLINE
Massachusetts

BUILDING DEPARTMENT

To: HEALTH DEPARTMENT

Date: _____

An application has been received to demolish the building at:

It is required that the Health Department approves same.

Please sign and return to this department after above has been approved in order that the Building Permit may be issued.

APPROVAL OF HEALTH DEPARTMENT

Health Department

Date

TOWN of BROOKLINE
Massachusetts

BUILDING DEPARTMENT

To: PRESERVATION COMMISSION

Date: _____

An application has been received to demolish the building at:

It is required that the Preservation Commission approves same.

Please sign and return to this department after above has been approved in order that the Building Permit may be issued.

APPROVAL OF PRESERVATION COMMISSION

Preservation Commission

Date

TOWN of BROOKLINE
Massachusetts

BUILDING DEPARTMENT

To: WATER & SEWER DEPARTMENT

Date: _____

An application has been received to demolish the building at:

It is required that the Water & Sewer Department approves same.

Please sign and return to this department after above has been approved in order that the Building Permit may be issued.

APPROVAL OF WATER & SEWER DEPARTMENT

Director of Water & Sewer Department

Date

TOWN of BROOKLINE
Massachusetts

BUILDING DEPARTMENT

SOLID WASTE DISPOSAL FORM

As a condition of issuing a permit, 780 CMR Sec 105.3.1 #4 for the construction, demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54, requires that the debris resulting there from shall be disposed in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A.

I hereby acknowledge that the referenced building permit issued to construct, demolish, renovate, rehabilitate or alter a building or structure is conditioned on compliance with M.G.L. c. 40, § 54.

Building Permit Number (to be completed by office staff)

Construction Site Address

Name and Location of Solid Waste Disposal Facility

Signature of Permit Applicant

Date

TOWN of BROOKLINE
Massachusetts

BUILDING DEPARTMENT

NOTICE TO ADJOINING OWNERS
DEMOLITION OF STRUCTURES

Only when written notice has been given by the applicant to the owners of adjoining lots and to the owners of wired or other facilities, of which the temporary removal is necessitated by the proposed work, shall a permit be granted for the removal of a building or structure.

Pursuant to the applicable provisions of the Massachusetts State Building Code the following adjoining owners have been notified (attach copy of written notice) of the demolition at

_____.
(property address)

Adjoining Owners Names:

Adjoining Owners Addresses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicants signature

Date