



Town of Maynard  
 Office of Municipal Services  
 Municipal Building  
 195 Main Street  
 Maynard, MA 01754  
 Tel: (978) 897-1302 Fax: (978) 897-8489  
 www.townofmaynard-ma.gov

Approved by	_____
Date	_____
Permit #	_____
Fee	_____
Check #	_____

## DEMOLITION PERMIT SIGN-OFF SHEET

(Supplement to Permit Application)

I, \_\_\_\_\_, hereby supply the following releases as part of the Application for a Permit to demolish the structure located at \_\_\_\_\_, and is shown on the Assessor's Map # \_\_\_\_\_ Lot # \_\_\_\_\_ and is currently owned by \_\_\_\_\_.

The Eighth Edition of the Massachusetts State Building Code, 780 CMR – Section 3303.0 states in part, *"Service utility connections shall be discontinued and capped in accordance with the approved rules and the requirements of the applicable governing authority."*

Gas Co.	Date: _____	Notice Rec'd by _____
Telephone Co.	Date: _____	Notice Rec'd by _____
Electric Co.	Date: _____	Notice Rec'd by _____
Public Utilities (Municipal)	Date: _____	Notice Rec'd by _____
Health Dept.	Date: _____	Notice Rec'd by _____
Fire Dept.	Date: _____	Notice Rec'd by _____
Conservation Agent	Date: _____	Notice Rec'd by _____

Name of demolition debris hauler: \_\_\_\_\_

Location of licensed demolition debris landfill: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

This sheet must be returned to the Building Department along with a completed Application for a Permit, a site plan and any other applicable information and fees.