



Town of Maynard
 Office of Municipal Services
 Municipal Building
 195 Main Street
 Maynard, MA 01754
 Tel: (978) 897-1302 Fax: (978) 897-1373
 www.townofmaynard-ma.gov

Approved by _____
Date _____
Permit # _____

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 Ninth 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 and any supplemental documents must be submitted as part of a complete Building Permit
 Application for Demolition or Demolition and Replacement.