



City of Fitchburg
 Building Department
 166 Boulder Drive
 Fitchburg, MA 01420
 Phone: 978-829-1880
 Fax: 978-829-1963

Permit # _____

APPLICATION SUPPLEMENT TO DEMOLISH OR REMOVE ANY BUILDING OR STRUCTURE
 (Required in addition to Building Permit Application, Worker's Comp., and Debris Form)

SITE INFORMATION:

Property Address: _____ Fitchburg, MA 01420

Assessor's Parcel ID Numbers: Map: _____ Block: _____ Lot: _____

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record: _____
 Phone Number: _____
 Mailing Address: _____

Authorized Agent: _____
 Phone Number: _____
 Mailing Address: _____

PEST CONTROL:

The Board of Health (Fitchburg City Hall, 978-829-1870) requires an affidavit from a pest control company stating that the building has been inspected and treated for pests PRIOR to demolition. A copy of the affidavit must be submitted to the Building Department along with this form. **Pest Control Affidavit Attached:** Yes No

REQUIRED SIGNOFFS FOR DEMOLITION OF ANY BUILDING:

State Building Code 780 CMR 3303.6 states: **Service utility connections shall be discontinued and capped in accordance with the approved rules and requirements of the applicable governing authority.** A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner. **We require signatures on this form or attached releases from each potentially relevant company or department- remember there may be forgotten connections that once existed and were never properly disconnected.**

Electricity: Company Name: Unitil Fitchburg Gas & Electric Light Co. (Customer Service 888-301-7700)

 Signoff Signature Title Date

Gas: Company Name: Unitil Fitchburg Gas & Electric Light Co. (Customer Service 888-301-7700)

 Signoff Signature Title Date

Cable TV: Company Name: Comcast (Customer Service 888-737-8361)

 Signoff Signature Title Date

Internet: Company Name: _____

 Signoff Signature Title Date

Telephone: Company Name: _____

 Signoff Signature Title Date

Sewer: Plumbing Inspector, Building Department, Fitchburg City Hall 978-829-1885

 Signoff Signature Title Date

Water: Water Dept, 1200 Rindge Rd, Fitchburg MA, 978-345-9616

 Signoff Signature Title Date