



TOWN OF GRANVILLE
BUILDING DEPARTMENT
REQUIREMENTS FOR
DEMOLITION PERMIT

Granville Town Hall
707 Main Road
Granville, MA 01034

Tel: 413-357-8585
Fax: 413-357-6002

\$150.00 FEE (Office Use Only ☐ Check # _____)

DATE: _____

SITE DATA:

1. LOCATION _____ MAP# _____ PARCEL/LOT# _____
2. TYPE OF CONSTRUCTION _____
3. AGE OF FACILITY _____
4. PRIOR USE _____
5. OWNER _____ Authorized Signature _____
6. OWNER ADDRESS _____
7. CONTACT PHONE # _____
8. DEMOLITION CONTRACTOR _____ Authorized Signature _____
- CONTRACTOR ADDRESS _____
- CONTRACTOR PHONE # _____ CELL# _____

ALSO NEED TO PROVIDE:

- a) COPY OF CSL
- b) INSURANCE AFFIDAVIT
- c) DISPOSITION OF DEBRIS/LOCATION OF LICENSED LANDFILL
- d) DIG SAFE # _____

UTILITIES CUT OFF (signature of authorized representative of Utility/Department required)

I certify that, as a representative of my company/department, said utility has been disconnected:

- | | | | |
|-----------------------|-------------|---------|--------|
| 1. EVERSOURCE | _____ | _____ | _____ |
| | (signature) | (title) | (date) |
| 2. WATER DEPT. | _____ | _____ | _____ |
| | (signature) | (title) | (date) |
| 3. PUBLIC WORKS DEPT. | _____ | _____ | _____ |
| | (signature) | (title) | (date) |
| 4. BOARD OF HEALTH | _____ | _____ | _____ |
| (Septic/Vermin) | (signature) | (title) | (date) |

**NOTE: AS REQUIRED BY MASSACHUSETTS STATE BUILDING CODE, ARTICLE I, SECTION 116.0
A DEMOLITION PERMIT WILL NOT BE ISSUED UNTIL RELEASE IS OBTAINED THAT THE
RESPECTIVE SERVICES HAVE BEEN REMOVED.**

1. Regulation 310 CMR 7.09 (Demolition of Industrial, Commercial, Institutional Building and 20+ unit residences) DATE FILED ____/____/____
2. Regulation 310 CMR 7.16 (Demolition of any facility containing asbestos) DATE FILED ____/____/____