



CITY OF LEOMINSTER No. \_\_\_\_\_  
 BUILDING DEPARTMENT  
 APPLICATION FOR PERMIT FOR DEMOLITION

Date: \_\_\_\_\_

TO THE INSPECTOR OF BUILDINGS:

The undersigned hereby applies for a permit to demolish the following:

Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Describe briefly the type of building to be demolished \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Will the demolition conform to the requirements of the laws of the City of Leominster? \_\_\_\_\_

Signature of authorized person for utility companies and municipal departments

	<u>Required</u>	<u>Not Required</u>	<u>Date</u>
National Grid-Electrical	_____	_____	_____
National Grid-Gas	_____	_____	_____
Verizon Telephone	_____	_____	_____
Comcast/Cablevision	_____	_____	_____
Leominster Fire Department	_____	_____	_____
Leominster Public Works	_____	_____	_____
Leominster Water Department	_____	_____	_____
Leominster Wire Department	_____	_____	_____
Leominster Conservation Engineer	_____	_____	_____
Leominster Plumbing & Gas Inspector	_____	_____	_____
Leominster Board of Health	_____	_____	_____
Leominster Historical Commission	_____	_____	_____

(in accordance with Chapter III of the Massachusetts General Laws)

SIGNATURE OF APPLICANT \_\_\_\_\_

**Note:** A permit to demolish a building 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.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Print Form

**Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers**

**Applicant Information**

**Please Print Legibly**

Name (Business/Organization/Individual): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- |   |   |
|---|---|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|---|

**Type of project (required):**

6.  New construction
7.  Remodeling
8.  Demolition
9.  Building addition
10.  Electrical repairs or additions
11.  Plumbing repairs or additions
12.  Roof repairs
13.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.**

Insurance Company Name: \_\_\_\_\_

Policy # or Self-ins. Lic. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector

6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

## DEMOLITION/RENOVATION DEBRIS FORM

**THIS FORM MUST BE COMPLETED TO OBTAIN A PERMIT FOR THE DEMOLITION, RENOVATION, REHABILITATION OR OTHER ALTERATION OF ANY BUILDING OR STRUCTURE.** If the Applicant is responsible to remove/dispose of the debris, the disposal site must be identified before the permit is approved. If the Applicant contracts for the removal/disposal of the debris, the hauler/contractor must be identified before the permit is approved. The hauler/contractor must sign the form and identify the disposal site and the Applicant must file the completed form with the permit authority. If the disposal site is change, the permit authority must be notified. The Authority may require proof of lawful disposal by submission of a disposal receipt or certification by the disposal site operator. **It is a crime to dispose or contract for disposal of solid was in an unapproved site.**

Demo/Building Permit No \_\_\_\_\_ Date \_\_\_\_\_

Work Site Address \_\_\_\_\_ Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

Estimated Amount of Debris (CubicYards or Tons):

a. Disposed \_\_\_\_\_ b. Recycled \_\_\_\_\_

Hauler/Contractor Responsible to Remove Debris \_\_\_\_\_ DPU Certificate No. (if waste hauler) \_\_\_\_\_

Disposal and/or Recycling Location(s). Name, Address, Telephone Number, and Operator Signature (Note: If more than one facility is used, please fill out information of additional facilities on back of this form).

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I certify under the pains of perjury that the information above is true and accurate to the best of my knowledge and belief.

APPLICANT \_\_\_\_\_ CONTRACTOR/HAULER \_\_\_\_\_

In accordance with the provisions of MGL c 40, s 54, Building Permit \_\_\_\_\_  
Issued with the condition that all debris resulting from this work shall be disposed of in a properly licensed solid waste disposal defined by MGL c 111, 2 150A.  
Debris will be disposed of in:

Name of Waste Facility \_\_\_\_\_ Address of Waste Facility \_\_\_\_\_

Signature of Waste Facility \_\_\_\_\_ Date \_\_\_\_\_



**CITY OF LEOMINSTER**  
Board of Health  
**25 WEST STREET – SUITE 9**  
**LEOMINSTER, MASSACHUSETTS 01453**

Christopher Knuth  
Director

**Board of Health Requirements for Demolition Permit**

1. Licensed exterminator inspection for rodent & insect infestation. (Provide Report)
2. All demolition materials must be inspected by a licensed asbestos abatement firm. A report certifying the materials are free from asbestos must be submitted.
3. Must sign demolition debris disposal form attached.



Department of Public Works  
City of Leominster, Massachusetts 01453  
109 Graham Street  
Tel: 978-534-7590  
Fax: 978-534-7599  
www.leominster-ma.gov



**PRIOR TO ALL BUILDING DEMOLITIONS WITH CITY WATER & SEWER SERVICES, PLEASE:**

- Hire a city approved water & sewer contractor to disconnect services at the main
  - This contractor needs to pull the appropriate permits first
  - Inspections must be complete for a demo permit to be signed
- Inform Carol (978-534-7590 ext. 3637) in the water department so she can schedule a shut off and inactivate the account

**WHEN A SITUATION ARISES WHERE AN EXISTING BUILDING MUST BE DEMOLISED, AND A NEW BUILDING WILL REPLACE IT, THE FOLLOWING STEPS MUST BE TAKEN:**

- A new water and sewer clearance plan will be required and need approval
- Old water and sewer services will not be reused
- Water can be reused if 1" type k Copper exists
- Old 6" clay sewer service must be replaced to the sewer main with schedule 35 PVC or may be relined with a cured-in-place liner
- Rates/fees (for new water and sewer connections) will be determined on a case by case basis
- Road Opening permit required
- Trench permit required

Please plan accordingly

Signature: \_\_\_\_\_

Date: \_\_\_\_\_