



Town of Stockbridge

TOWN HALL, 6 MAIN STREET, P.O. BOX 417
STOCKBRIDGE, MASSACHUSETTS 01262-0417

BOARD OF ASSESSORS
(413) 298-3509
TOWN COLLECTOR
(413) 298-3890
TREASURER
(413) 298-4534
TOWN CLERK
(413) 298-4568
SELECTMEN'S OFFICE
(413) 298-4714
FAX: (413) 298-4485

DEMOLITION PERMIT SIGN-OFF SHEET PERMIT FEE \$35.00

TO: Town of Stockbridge
Building Inspector

The undersigned, _____,
of _____,
hereby applies for permission to demolish building at _____,
owned by _____ Map _____ Lot _____.
Demolition contractor: _____
Date of beginning of demolition: _____.

**AS REQUIRED BY SECTION 116.0 MASSACHUSETTS STATE BUILDING CODE, A
DEMOLITION PERMIT WILL NOT BE GRANTED UNTIL RELEASE IS OBTAINED,
STATING THE RESPECTIVE SERVICE CONNECTIONS HAVE BEEN REMOVED.**

Berkshire Gas Co.	Date: _____	Notice Rec'd By: _____
Verizon	Date: _____	Notice Rec'd By: _____
Mass. Electric Co.	Date: _____	Notice Rec'd By: _____
Tri-Town Health.	Date: _____	Notice Rec'd By: _____
Stockbridge Fire Dept.	Date: _____	Notice Rec'd By: _____

Demolition debris hauler: _____

Location of CERTIFIED demolition debris landfill: _____

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

**THIS SHEET MUST BE RETURNED TO THE INSPECTIONS DEPARTMENT ALONG
WITH A COMPLETED APPLICATION FOR A PERMIT, A SITE PLAN, AND ANY
OTHER APPLICABLE INFORMATION AND FEES BEFORE A PERMIT IS ISSUED.**

Ned Baldwin, Building Inspector

Date