

**TOWN OF MILLIS**  
**Building Department**  
900 Main Street – Millis MA 02054  
Phone: 508-376-7044  
Fax: 508-376-7053

**PERMIT APPLICATION TO DEMOLISH STRUCTURE**

(Application will **NOT** be accepted unless all information is provided)

To the Building Commissioner: \_\_\_\_\_ Date: \_\_\_\_\_  
The undersigned hereby applies for a building permit according to the following information and plans filed herewith:

Street Address: \_\_\_\_\_ Assessor Map & Lot # \_\_\_\_\_

OWNER of RECORD: \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Demolition Contractor: \_\_\_\_\_ C.S. License # \_\_\_\_\_

Contractor Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Demolition Hauler : \_\_\_\_\_ License Number \_\_\_\_\_

Hauler's Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Location of Disposed Debris \_\_\_\_\_

Cost Of Demolition \$ \_\_\_\_\_ Does the Building Contain Lead Paint or Asbestos? Y \_\_\_ N \_\_\_

Is the property a Historic Building? \_\_\_\_\_ Year Built \_\_\_\_\_ Demo within 100 feet of wetlands? \_\_\_\_\_

**SIGN OFFS BELOW ARE REQUIRED:**

- Town Assessor \_\_\_\_\_ Tax Collector \_\_\_\_\_ Board of Health \_\_\_\_\_
- Gas Company ( signature ) \_\_\_\_\_ date \_\_\_\_\_
- Electric Company for disconnection of power: ( signature or letter ) \_\_\_\_\_ date \_\_\_\_\_
- Water Disconnect ( signature ) water co. \_\_\_\_\_ date \_\_\_\_\_
- Telephone Company ( signature or letter ) \_\_\_\_\_ date \_\_\_\_\_
- Dig Safe Number # \_\_\_\_\_

*I hereby certify that I am the owner of record of the property or that I have been authorized by said owner to make this application as the agent and that all the information above submitted are correct and all work pursuant thereto shall comply with all applicable provisions of the Commonwealth of Massachusetts Statutes, Building Codes and Town Zoning By-Laws. The following is subscribed to and executed by me under the Pains and Penalties of Perjury.*

OWNERS SIGNATURE : \_\_\_\_\_ Date: \_\_\_\_\_

LICENSE HOLDER'S SIGNATURE : \_\_\_\_\_ Date: \_\_\_\_\_

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