

TOWN OF SHERBORN DEMOLITION PERMIT

UTILITIES DISCONNECT FORM

Demolition site address _____

Name of contractor _____

Name of property owner _____

Signature of property owner _____

This verifies that the following utilities having service connections within the above addressed building have been removed, and their respective service connections and related fixtures and equipment have been removed, sealed or capped in a safe manner.

ELECTRIC _____
Authorized Signature Date Title

WATER _____
Authorized Signature Date Title

SEWER _____
Authorized Signature Date Title

GAS _____
Authorized Signature Date Title

OIL TANK _____
Fire Dept. Authorized Signature Date Title

PROPANE _____
Fire Dept. Authorized Signature Date Title

Propane gas tanks to be removed or safely stored on site before demolition begins. (Fire Dept. to make determination) Tanks and/or oil recovery removal by qualified contractors only.

FINAL WALK THROUGH INSPECTION

Building Inspector Date