



Town of North Attleboro  
 Board of Health  
 43 South Washington Street  
 North Attleboro, MA 02760

Date rcvd. \_\_\_\_\_  
 Amount paid \_\_\_\_\_  
 Check # \_\_\_\_\_  
 License # \_\_\_\_\_  
 Date of inspection \_\_\_\_\_  
 All documents received \_\_\_\_\_

**For office use only**

## DEMOLITION APPLICATION

60-Day public health clearance valid until: \_\_\_\_\_

**Fee: \$ 25.00**

Demolition Address:	
This is a: Commercial Structure <input type="checkbox"/> Residential Dwelling <input type="checkbox"/> Residential Accessory Structure <input type="checkbox"/>	
Your Name:	Representing:
Owner of Property:	
Owner's Address:	
City, State, Zip:	
Owner's Telephone #:	Fax #:
E-Mail Address:	
Demolition Company Name:	
Demolition Company Address:	
City, State, Zip:	
Company Phone #:	Federal SSN or TIN #:

Approvals from several North Attleboro departments and agencies may be required to demolish this structure. The undersigned hereby applies for *public health* clearance to demolish the above-listed property in accordance with the provisions of the General Laws relating thereto and the public health rules and regulations made under authority of those statutes.

- Public health clearance is required to demolish any structure greater than **25 ft<sup>2</sup>**, unless waived in whole or in part herein.
- This application must include a sketch of the structure(s) to be demolished, showing the relationship to any contiguous structures, streams, brooks, great ponds, rivers, swamps, wetlands or drains within **150 feet** of the proposed demolition
- Public health clearances to demolish a structure are issued for 60-day periods only and the fee is non-refundable.
- Public health clearance to demolish a structure cannot be issued unless the information requested is complete and the applicant signs the certification statement below.
- Social Security (SSN) or Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to revocation of any demolition approval granted in response to this application.
- Please complete this application with the following information and return it to the Board of Health office with a check made payable to the Town of North Attleboro:

### 1. PEST CONTROL

The property must be baited for rodents prior to demolition and a copy of the pest control contract must be submitted to the Board of Health office with this application.

MA licensed pest control company to be used: \_\_\_\_\_

## DEMOLITION APPLICATION

### 2. DUST CONTROL

The contractor demolishing the structure must take appropriate measures not to create nuisance conditions for abutters. Arrangements must be made prior to demolition to have water or other misting agent(s) at the site. If hydrants are to be used, the approval of the North Attleboro Water Department will be necessary.

The method that will be used to control dust is: \_\_\_\_\_

### 3. ASBESTOS

A licensed asbestos contractor must survey the structure prior to demolition for asbestos-containing material (ACM). If such material is found, it must be removed and properly disposed of prior to demolition. The MA Department of Environmental Protection (MDEP) requires at least ten (10) days notice prior to asbestos removal.

Has a "BWP AQ-06" form been filed with MDEP for this project?: Yes \_\_\_\_\_ No \_\_\_\_\_

The asbestos contractor's name and license number is: \_\_\_\_\_

Is ACM present in the structure?: Yes \_\_\_\_\_ No \_\_\_\_\_

Type of ACM present: \_\_\_\_\_

The name of the licensed contractor removing the ACM is: \_\_\_\_\_

### 4. BUILDING COMPONENTS CONTAMINATED BY FORMER SITE OPERATIONS

Has a hazardous waste site designation been filed with the MDEP for this site? Yes \_\_\_\_\_ No \_\_\_\_\_

What type of material is present?: \_\_\_\_\_ Where?: \_\_\_\_\_

In approximately what amount?: \_\_\_\_\_ How will this material be removed and disposed of?: \_\_\_\_\_

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

Licensed Site Professional (LSP) handling this site's assessments: \_\_\_\_\_

LSP contact information: \_\_\_\_\_

### 5. MERCURY SWITCHES

Mercury switches are commonly found in thermostats, gas and oil furnaces, sump pumps, flow meters, appliances, float switches, etc. These must be removed and properly disposed of prior to demolition.

Are mercury switches present in the structure?: Yes \_\_\_\_\_ No \_\_\_\_\_

### 6. ABANDONED CHEMICALS

Are there abandoned chemicals present in the structure?: Yes \_\_\_\_\_ No \_\_\_\_\_

What type of materials are present?: \_\_\_\_\_ In approximately what amount?: \_\_\_\_\_

How will these materials be removed and disposed of?: \_\_\_\_\_

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

### 7. BATTERIES

Are there batteries present in the structure?: Yes \_\_\_\_\_ No \_\_\_\_\_

What type of batteries are present?: \_\_\_\_\_ In approximately what amount?: \_\_\_\_\_

How will these batteries be removed and disposed of?: \_\_\_\_\_

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

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**8. COOLANT GASES**

Freon is commonly found in, and must be purged from, refrigerators, air conditioners and similar cooling equipment by a person approved to do so in accordance with EPA and MDEP requirements; a copy of the document attesting that the Freon has been properly removed must be submitted to the Board of Health office.

Is Freon present in the structure?: Yes \_\_\_\_\_ No \_\_\_\_\_

What type of material is present?: \_\_\_\_\_ In approximately what amount?: \_\_\_\_\_

How will this material be removed and disposed of?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. FUELS AND STORAGE TANKS**

Any fuels and fuel storage tanks must be removed with a North Attleboro Fire Department permit and the property must be inspected for underground storage tanks.

Are there any fuels and/or fuel storage tanks present on the property or in the structure to be demolished?:

Yes \_\_\_\_\_ No \_\_\_\_\_

What type of materials are present?: \_\_\_\_\_ In approximately what amount?: \_\_\_\_\_

How will this material be removed and disposed of?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Material used to heat this facility: oil:  gas:  electric:

**10. FLOURESCENT LIGHT TUBES**

Are there fluorescent light tubes present?: Yes \_\_\_\_\_ No \_\_\_\_\_

In approximately what amount?: \_\_\_\_\_ How will these be removed and disposed of?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**11. DIELECTRIC FLUIDS (BALLASTS and TRANSFORMERS)**

Are there dielectric fluids present?: Yes \_\_\_\_\_ No \_\_\_\_\_

In approximately what amount?: \_\_\_\_\_ How will these be removed and disposed of?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. INSURANCE CANCELLATION**

Has proof of insurance cancellation on the property to be demolished been provided with this application?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, why not? \_\_\_\_\_



I certify under the penalties of perjury that to the best of my knowledge and belief the above information is both complete and correct and, that I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title