



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

APPLICATION FOR DEMOLITION SOLID WASTE DISPOSAL

Permit Number _____ Fee \$63.00

Name of Applicant _____ Date _____

Address of Applicant _____ Phone # _____

Address of building to be demolished _____

Date of demolition _____

Place of disposal of demolition materials _____

Name of demolition material carrier _____

Address of carrier _____

You are hereby requested to notify the appropriate State Agencies for proper removal and disposal if suspect asbestos or lead is found. You must follow all applicable regulations for sewer or septic demolition and hook-ups, including capping and filling old septic systems. Documentation relative to the presence of asbestos in the dwelling must be submitted by a licensed asbestos abatement contractor. In addition, a pest control inspection report must also be submitted if the building has been vacant for an extended period.

Signature of Applicant

OBSERVATIONS AND TESTS OF BOARD OF HEALTH AGENT: _____

Date Completed: _____

*A Permit is also required from the Building Department

Permit shall expire fourteen (14) days from date of issuance.

- (1) All solid waste shall be moved from premises and disposed of.
- (2) Final grading shall be completed maintaining surface elevations for ground water run off naturally.

