

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

APPLICATION FOR DEMOLITION SOLID WASTE DISPOSAL

No. _____ Fee _____

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.

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.