

- Town of Lancaster -  
Department of Inspectional Services  
695 Main Street, PO Box 428  
Lancaster, MA 01523  
978-368-4010 FAX: 978-368-4009

## DEMOLITION CHECK LIST

Property Address: \_\_\_\_\_

Building Permit Number if applicable:	Date Disconnected	Written Verification Attached
Historical Commission		
Telephone		
Gas		
Electric		
Sewer		
Water		
Cable TV		

	Yes	No
Fuel Tank on Site		
Fire Department Permit Attached		
Tank Removal to be in Accordance with 527 CMR 9.00 (See attached)		
Plot Plan Attached		
Construction Supervisor's License Attached		
Elevator on Site		
Date to be decommissioned		
Attach Safety Plan		

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number \_\_\_\_\_

This Check List must be accompanied by a completed Building Permit Application and  
Workers' Compensation Insurance Affidavit and Fee. (\$10.00 per \$1,000.00 demo cost)