

TOWN OF BRIDGEWATER
DEMOLITION PERMIT APPLICATION

Street Address of Building _____

Tax Map and Lot # _____

Zoning area _____

Date demolition to begin _____ Permit void 6 months from date of issue.

Name & address of demolition co. _____

Telephone number of demolition co _____

Where will rubble be deposited? _____

Identification Name and address _____

The owner agrees that all work shall be performed in compliance with the foregoing statements and all applicable City, State and Federal laws.

Signature of Owner _____ Date _____

Signature of Demolition Co _____ Date _____