



TOWN OF DOVER  
**BOARD OF HEALTH**  
5 Springdale Avenue  
P.O. Box 250  
Dover, MA 02030

Office: 508-785-0032, Ext. 232  
Fax: 508-785-8114  
Email: boh@doverma.gov

**NOTIFICATION OF DEMOLITION**

Fee: \$150      Paid: \_\_\_\_\_      Date: \_\_\_\_\_

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Please read the entire form and fill in all information in the spaces provided below. Once all items listed have been taken care of, return completed form to the Board of Health Office. The Board of Health Director will conduct an inspection and sign off. At that time a copy will be made for our records. You must hand deliver a copy to the Fire Department and the Building Department, after which you can file for a Demolition Permit.

Address of Structure: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

General Cont. Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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1. Structure to be demolished:

\_\_\_ House \_\_\_ Garage \_\_\_ Septic/Cesspool \_\_\_ Other

2. Septic System: Are you going to use the existing Septic System on property: Y\_\_\_ N\_\_\_ System must be brought up to current code If No: Please obtain a septic abandonment form at the Board of Health Office. Abandon as per Title V Regulation; witnessed by the Board of Health agent.

3. Water lines: Are they shut off properly? Y\_\_\_ N\_\_\_  
If a well is to be abandoned, please obtain a well abandonment form at the Board of Health and abandon as per regulations.

4. Hazard Materials: No building or structure shall be dismantled, taken down or a demolition permit granted, until all hazardous, and/or any material as defined by the Board of Health that may be a potential contaminant to air and/or groundwater have been removed from the property, and disposed of properly. After which the Board of Health Director will conduct an onsite inspection.

How removed \_\_\_\_\_ And Where: \_\_\_\_\_

5. Fuel Storage: Oil Tanks, Propane Tanks.  
Did you contact the Fire Department for permits? Y\_\_\_ N\_\_\_

6. Did you dispose of all Mercury containing products at the Board of Health office or the Dover Transfer Station? Y\_\_\_ N\_\_\_

7. Utility Lines: Electric, Cable, Telephone off-line? Y\_\_\_ N\_\_\_

8. Conservation: Erosion sign off: Y \_\_\_\_ N \_\_\_\_
9. If a building has historical significance, have you contacted appropriate persons for their review?  
Y \_\_\_\_ N \_\_\_\_
10. Pest Extermination: Submit letter from certified pest control company. Y \_\_\_\_
11. You must have a portable toilet on site before any work can start. Y \_\_\_\_
12. All Asbestos must be removed before Demolition by a certified company. Y \_\_\_\_  
A letter of Asbestos Abatement Compliance? Y \_\_\_\_
13. Refrigerators, Televisions, CRTs, Computers, Appliances and Air Conditioners (Window) have been removed and disposed of legally. Y \_\_\_\_
14. Refrigerant from the house, HVAC unit(s) must be removed for legal disposal. Letter of legal removal and disposal submitted. Y \_\_\_\_
15. The following must be removed and legally disposed of Paint, Chemicals, Furniture, Clothing, Food, Household items and personal items, etc. Y \_\_\_\_
16. Floor drains in any building must be inspected by and LSP and certified "clean" prior to the Board of Health inspection. Submit certificate with application.
17. This Board of Health Notification must be signed by the property owner and designated representative.

Signing below states that you have read through and understand each Requirement and will follow the proper steps necessary requested by the Dover Board of Health prior to obtaining a demolition permit from the Building Department for any structure.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved: Yes: \_\_\_\_ No: \_\_\_\_ Date of Approval: \_\_\_\_\_

Signature of Board of Health Director: \_\_\_\_\_  
Jason Belmonte, R.S., CHO

Copy BOH: \_\_\_\_ Forward to: Fire Dept. \_\_\_\_\_ Building Dept: \_\_\_\_\_

**THIS PERMIT IS ONLY GOOD FOR 30 DAYS FROM DATE OF APPLICATION**

**NEW APPLICATION AND FEE WILL BE REQUIRED AFTER THE 30 DAY PERIOD**