



TOWN OF BRIDGEWATER

DEPARTMENT OF INSPECTIONAL SERVICES

Academy Building - 66 Central Square

Bridgewater, MA 02324

Telephone: (508) 697-0904

Fax: (508) 697-0940

INSPECTOR OF BUILDINGS

Michael White

DEMOLITION/RENOVATION DEBRIS FORM

1. Demo/Building Permit No. _____ Date _____

Work Site Address _____ Applicants Name & Address _____

Estimated Amount of Debris [Cubic Yards or Tons]:

a. Disposed _____ b. Recycled _____

2. **Hauler/Contractor Responsible to Remove Debris:** Name & Address _____

3. **Disposal and/or Recycling Location(s):** Name, Address, Telephone Number, and Operator Signature

[NOTE: If more than one facility is used, please fill out information on additional facilities on the back of this form.]

(Name)

(Signature)

(Address)

(Phone)

I certify under the pains of perjury that the information above is true and accurate to the best of my knowledge and belief.

APPLICANT

CONTRACTOR/HAULER