

HUDSON DEMOLITION/RENOVATION PERMIT

Permit No.	Date	
Location of Work Site	Plate	Parcel
What is proposed to be demolished		
Owner's Name	Phone	
Owner's Address		
Applicant Name	Phone	
Applicant Address		
ESTIMATED AMOUNT OF DEBRIS (Cubic Yards or Tons)		
a. Disposed b. Recycle	ed	
	* * * * * * * * * * * * * * * * * * * *	
HAULER/CONTRACTOR RESPONSIBLE TO REMOVE DEBI (If responsible party is a waste hauler, obtain from the Hauler the DPU	RIS: Name & J Certificate N	Address Jumber)
Certif		
DISPOSAL AND/OR RECYCLING LOCATION(S)	٠.	
	ionature	
ryanie of facility		Phone

REQUIRED SIGNATURES FROM DE	EPARTMENTS B	ELOW:		•
Electrical Disconnect (Hudson Light and	Power)			
Gas Disconnect (Nstar)				•
Sewer Disconnect (DPW or Board of Hea	alth)			
Water Disconnect (DPW)				
Fire Department Detail Needed? YES	S NO Fire De	pt		
Police Department Detail Needed? YES	S NO Police I	Dept.		
Building Commissioner				
COMMENTS:				
I certify under the pains of perjury that the knowledge and belief. Also, I am fully a Friday) and 9 a.m. on weekends. Applicant	aware that no demo	olition can proc	occurate to the be eed before 7 a.m	. (Monday thru
Estimated Cost	T. 1. • • • • • • • • • • • • • • • • • •	Permit Fee		•