



***Application for Demolition Permit  
Town of Bedford***

**Requirements for Demolition of Residences  
(to be submitted at the time of application)**

<i>Electric Service Disconnect (Letter from utility company)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<i>Temporary Electrical Service (Electrical Certificate from authorized electrical inspection agency)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<i>Gas Disconnect, if applicable (Letter from utility company)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<i>Water Service Shut-off (Letter of verification)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
<i>Certification of Asbestos Removal or Absence prior to 1974</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Owner \_\_\_\_\_ Address \_\_\_\_\_ Tel.# \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_ Tel. # \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_ Tel. # \_\_\_\_\_

Building is located at \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Detail of proposed demolition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated **COST OF CONSTRUCTION**: \$ \_\_\_\_\_

Age of Building or year built \_\_\_\_\_

*I hereby certify that the statements and data on this sheet are correct and true to the best of my knowledge and belief. Property owner shall sign application or file letter of approval to:*

Owner/Applicant Signature \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_

Approved: \_\_\_\_\_