

Town of Bellingham

OFFICE OF THE
BUILDING INSPECTOR
10 MECHANIC STREET
BELLINGHAM, MASSACHUSETTS 02019
(508) 966-5820 OR (508) 966-5821

AFFIDAVIT (Debris)

As a result of the provisions of MGL c40, S54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A. I certify that I will notify the Building Official by _____ (Two Months Maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Name of Permit Applicant

Disposal Firm Name

Disposal Firm Address

Date

Signature of Permit Applicant

OR

NO DEBRIS BEING REMOVED

No DEBRIS are being removed.

Date

Signature of Permit Applicant