



# 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**