



Town of Dennis

Old King's Highway Regional Historic District Committee

Town of Dennis Annex, 465 Route 28, Dennisport, Massachusetts 02639

CERTIFICATE FOR DEMOLITION OR REMOVAL

Application is hereby made, in triplicate, for the issuance of a Permit for Demolition or Removal of a building or a structure or part thereof, under Section 6 of Chapter 470, Acts and Resolves of Massachusetts, 1973, for proposed work as described below and on plans, drawings and photographs accompanying this application.

TYPE OR PRINT LEGIBLY

DATE _____

Address of proposed work _____ Assessors Map/Parcel No. _____

Owner _____ Tel. No. _____

Mailing Address _____

Agent or Contractor _____ Tel. No. _____

Mailing Address _____

REQUIREMENTS FOR FILING A CERTIFICATE OF DEMOLITION OR REMOVAL:

- MAP AND PARCEL NUMBER OF ABUTTING OWNERS. (Use attached sheet included with the packet.)
- THREE (3) ACCURATE SITE PLANS SHOWING LOCATION OF STRUCTURE ON LOT, WITH AN OVERLAY SHOWING PLACEMENT OF PROPOSED STRUCTURE.
- DESCRIPTION OF PROPOSED WORK: If building is to be removed, give new location.
- Photos showing all views of building must accompany application. (Attach additional sheet if necessary.)

Age of Structure: _____ Square Footage of Existing Structure: _____ Existing Height to Ridge: _____

Filing Fee \$25.00

Signed _____
Owner-Contractor-Agent

Space below line for Committee use.
Received by OKH. (revised 9/07)

This Certificate is hereby:

APPROVED BY: _____

DENIED BY: _____

REASON FOR DENIAL: _____

IMPORTANT: IF CERTIFICATE IS APPROVED, APPROVAL IS SUBJECT TO THE 10 DAY APPEAL PERIOD PROVIDED IN THE ACT.

THIS CERTIFICATE EXPIRES AFTER ONE YEAR OR UPON THE DATE OF EXPIRATION OF ANY BUILDING PERMIT ISSUED, WHICHEVER EXPIRATION DATE SHALL BE LATER

ABUTTERS OF

Applicant: _____ Map/Parcel No: _____

Address of proposed work: _____

Abutters are any property owner who touches your property including across a street or public way.

THE APPLICANT IS RESPONSIBLE FOR FURNISHING THE MAPS AND PARCELS OF THE ABUTTERS.

Map/Parcel _____

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