

Signature of Owner

## TOWN OF WAYLAND

MASSACHUSETTS 01778

## **BUILDING DEPARTMENT**

TOWN BUILDING 41 COCHITUATE ROAD TELEPHONE (508) 358-3600 FAX(508)358-3606

## SOLID WASTE DISPOSAL FORM ASBESTOS ABATEMENT INFORMATION AFFIDAVIT

As a condition of issuing a permit for the construction, demolition, renovation, rehabilitation or other alteration of a building or structure, M.G.L. c. 40, § 54, requires that the debris resulting there from shall be disposed in a properly licensed solid waste disposal facility as defined by M.G.L. c. 111, § 150A and 310 CMR 7.15 when applicable.

I hereby acknowledge that the referenced building permit issued to construct, demolish, renovate, rehabilitate or alter a building or structure is conditioned on compliance with M.G.L. c. 40, § 54.

Building Permit Number (to be completed by office staff)	
Construction Site Address	
Name and Location of Solid Waste Disposal Facility	
Signature of Permit Applicant	Date
ASBESTOS ABATEMENT INFORMA	ATION AFFIDAVIT
For all work to be permitted and controlled by 310 residence.	OCMR 7.15 in an owner-occupied, single family
As owner of an owner-occupied, single family rescontrolled by 310 CMR 7.15. Any non-friable As single family owner shall require notification to the abatement work being performed.	bestos Abatement work not performed by the

Date