

DEMOLITION CHECK LIST

NAME: _____

ADDRESS: (Demolition Site) _____

BLOCK _____ LOT _____

SIGN OFF WHERE APPLICABLE FROM THE FOLLOWING:
(LETTER/RECEIPTS/BOND)

	<u>YES</u>	<u>NO</u>	<u>LETTER</u>	<u>RECEIPTS</u>	<u>BOND</u>
HUNTERDON COUNTY DEPT OF HEALTH	_____	_____	_____	_____	_____
HISTORICAL REVIEW COMMITTEE	_____	_____	_____	_____	_____
ELECTRICAL COMPANY	_____	_____	_____	_____	_____
GAS COMPANY	_____	_____	_____	_____	_____
WATER COMPANY	_____	_____	_____	_____	_____
TELEPHONE COMPANY	_____	_____	_____	_____	_____
CABLE AND T.V. COMPANIES	_____	_____	_____	_____	_____
APPROVED DISPOSAL SITE	_____	_____	_____	_____	_____
ASBESTOS PRODUCTS INVOLVED? (NEED SITE LOCATION AND PERMIT)	_____	_____	_____	_____	_____
REMOVAL OF UNDERGROUND STORAGE TANK REQUIRED? (NEED PLOT PLAN AND PERMIT)	_____	_____	_____	_____	_____

SUB-CODES SUBMITTED

BUILDING	_____	_____
ELECTRICAL	_____	_____
PLUMBING	_____	_____
FIRE	_____	_____
PLOT PLAN SUBMITTED	_____	_____

BOND POSTED
(CERTIFIED CHECK) _____

AMOUNT OF \$ _____
CHECK# _____
DATE _____

COMMENTS: _____

