



Demolition Permit

Office of the Building Official

Building Safety Services
410 Academy Street
Cambridge, Maryland 21613
Telephone: 410-228-8811

Approx. Demolition Value \$ _____ Owner: _____

PERMIT FEE: _____ Mailing Address: _____

Zoned: _____

Project: _____ PERMIT FOR: DEMOLITION

Location: _____ Application Date: _____

Account# _____ Contractor: _____

Phone# _____ Mailing Address _____

Liability Insurance? Yes No

Refuse Destination: _____ Phone#: _____ License#: _____

Size of Building: W _____ xD _____ xH _____ Approval Date: _____

Haul Route: _____

PROOF OF INSURANCE REQUIRED WITH APPLICATION AND CUTOFF SHEET

- Notes:
1. This permit expires one month from the date approved. Demolition must be completed within this time frame.
 2. The City of Cambridge is not responsible for utility disconnections. You must contact the proper agencies to schedule all disconnections prior to demolition approval.
 3. All sewer laterals must be properly terminated to City specifications.
 4. It is the responsibility of the owner, contractor, and/or agent for the owner to contact the Maryland Department of the Environment, (410-901-4020) to determine compliance with all environmental regulations.
 5. Owner, contractor, and/or agent for the owner shall contact the Building Safety Services within 24 hours after completion of demolition to schedule an inspection for compliance with these permit provisions.
 6. Work shall not begin until this permit has been issued.

The undersigned, as owner (contractor and/or agent for the owner) of the proposed demolition hereby applies for permission to perform said demolition in accordance with the provisions of Chapter 4 of the Code of Laws of the City of Cambridge, and authorizes inspection of the property as necessary to determine compliance with said code. The applicant hereby swears or affirms under the penalty of perjury that the information given above is true and correct to the best of his/her knowledge and belief, and that he/she will bring to the attention of the Building Safety Services any change or divergence thereof.

Applicant (please Print)

Applicant Signature

Upon payment of required fees & signed approval, permission is hereby granted to the above applicant to perform the work herein described in accordance with the submitted plans and specifications and in accordance the Chapter 4 of the Code of the Laws of the City of Cambridge

Building Official Signature

RECEIPT# _____ PERMIT# _____



CERTIFICATION OF UTILITIES DISCONNECT

Address of Structure

I hereby certify that the utility for which I represent has been disconnected and properly terminated from said structure.

Power Company

Delmarva Power
Phone # 410-860-6357
Eng. Dept
Fax # 410-860-6077

Representative's Signature

Date

Gas Company

Chesapeake Utilities
Phone # 410-648-2447
Fax # 410-548-3245

Representative's Signature

Date

Water Company

Municipal Utilities Com.
Phone # 410-228-5440

Representative's Signature

Date

Telephone Company

Verizon
Phone # 410-860-8029
Russell Seldon

Representative's Signature

Date

Cable Companies

Comcast
Phone # 1-443-225-6673
Phone # 1-888-266-2278

Representative's Signature

Date

Bay Country
Phone # 410-943-8311

Representative's Signature

Date