



Billerica Health Department

**Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us**

APPLICATION FOR ASBESTOS REMOVAL PERMIT
Pursuant to Billerica Board of Health Regulations Chapter 5, Section 5.7.001(2)
PLEASE PRINT

PLEASE SUBMIT MASSACHUSETTS ASBESTOS NOTIFICATION FORM WITH THIS APPLICATION.

FEE \$ 50.00

DATE _____

NAME OF ASBESTOS CONTRACTOR _____
ADDRESS _____
TELEPHONE # _____ LICENSE NUMBER _____

LOCATION OF WORKSITE

ADDRESS _____
PROPERTY OWNER _____ TELEPHONE # _____

DESCRIPTION OF WORK TO BE PERFORMED. (DESCRIBE AREA OF BUILDING, CONDITION OF ASBESTOS, ETC.)

PROJECT START DATE _____ PROJECT END DATE _____
DAYS / HOURS OF WORK _____

NO WORK SHALL COMMENCE UNTIL A PERMIT IS ISSUED BY THE BOARD OF HEALTH

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

Pursuant to Massachusetts General Law Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Print Name of Authorized Person

Signature of Authorized Person Date

RECEIVED

