

DEMOLITION OR REMOVAL OF STRUCTURES

CHECK LIST

- [] OWNER INFORMATION
- [] CONTRACTOR INFORMATION
- [] PROOF OF PAID TAXES, SEE ATTACHED FORM
- [] COPY OF LIABILITY INSURANCE COVERAGE [MINIMUM \$300,000.00]
- [] SERVICE DISCONNECTION:
 - [] a. CITY WATER, CERTIFICATION FROM M.U.A.
 - [] b. CITY SEWER, CERTIFICATION FROM THE M.U.A.
 - [] c. WELL WATER, CERTIFICATION BY LICENSED D.E.P. WELL DRILLER
 - [] d. SEPTIC SYSTEM, U.C.C. PERMIT OR CERTIFICATION FROM THE OCEAN COUNTY HEALTH DEPARTMENT
 - [] e. ELECTRICITY, CERTIFICATION FROM THE POWER COMPANY
 - [] f. NATURAL OR PROPANE GAS, CERTIFICATION FROM THE GAS COMPANY
 - [] g. CABLE TELEVISION, CERTIFICATION FROM SUPPLIER
 - [] h. TELEPHONE, CERTIFICATION FROM SUPPLIER
 - [] i. APPURTEMENT EQUIPMENT, PERMIT OR CERTIFICATION
 - [] j. SUBTERRANEAN IMPROVEMENTS, TANKS ETC., U.C.C. PERMIT
 - [] k. OTHER _____, U.C.C. PERMIT OR CERTIFICATION
 - [] l. NEW JERSEY ONE CALL [811]. CALL THREE DAYS BEFORE YOU DIG
- [] NOTICE TO ADJOINING OWNERS, COPY OF CERTIFIED MAIL
- [] ASBESTOS ABATEMENT, PERMIT OR CERTIFICATION FROM COUNTY OR STATE
- [] ERADICATION OF RODENTS AND VERMIN, CERTIFICATION REQUIRED
- [] FUMIGATION, U.C.C. PERMIT IF REQUIRED
- [] REQUIRED U.C.C. PERMITS FROM THE BUILDING DEPARTMENT
- [] **SITE VISIT BY THE BUILDING DEPARTMENT PRIOR TO THE START OF WORK**

BEFORE CLOSING PERMIT:

- [] RESTORATION OF THE SITE WITHIN (5) BUSINESS DAYS
- [] DUMP RECEIPTS

Municipal Utility Authority: 732-928-2222

Ocean County Health Department: 732-341-9700

NJ Department of Labor, Asbestos Control 609-633-2159