



Department of Public Works

Municipal Service Termination Inspection for Building Demolition

Location / Address: \_\_\_\_\_ SBL# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owner Name: \_\_\_\_\_

Contractor / Person Doing Work: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**Sewer Lateral:** Line Capped:  Yes  No (if no see Comments below for details)

Date of Inspection: \_\_\_\_\_ Photographs Taken:  Yes  No

Building Demolished or Removed Prior to Inspection and Approval:  Yes  No

Type of Pipe:  Plastic  Clay Tile  Transite  Cast Iron  Other \_\_\_\_\_

Size of Pipe:  4"  6"  8"  Other \_\_\_\_\_

Approved  Not Approved Town Inspector: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Water Service Line:** Line Capped:  Yes  No (if no see Comments below for details)

Date of Inspection: \_\_\_\_\_ Photographs Taken:  Yes  No

Building Demolished or Removed Prior to Inspection and Approval:  Yes  No

Type of Pipe:  Copper  Plastic  Transite  Galvanized  Other \_\_\_\_\_

Size of Pipe:  3/4"  1"  1-1/2"  2"  Other \_\_\_\_\_

Meter Removed by Town:  Yes  No Meter Stored at Water Shop:  Yes  No

Approved  Not Approved Town Inspector: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_