



Department of Public Works

Municipal Service Termination Inspection for Building Demolition

Location / Address: _____ SBL# _____ - _____ - _____

Owner Name: _____

Contractor / Person Doing Work: _____ Telephone No. _____

*** BELOW IS FOR OFFICE USE ONLY – APPLICANT DO NOT FILL OUT ***

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: _____