



# Inspectional Services Town of Danvers

1 Sylvan Street, Danvers, Massachusetts 01923  
www.danversma.gov 978-777-0001 ext. 3061 or 3062

## DEMOLITION SIGN OFF

STRUCTURE LOCATION: \_\_\_\_\_

### ELECTRIC LIGHT DIVISION

1 Burroughs Street, Danvers, MA 01923  
(978) 774-0005

This is to certify that the **ELECTRIC** service has been shut off and the electric meter removed from the above premises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature- Danvers Electric Division

### WATER DIVISION

7 Canal Street, Danvers, MA 01923  
(978) 762-0235

This is to certify that the **WATER** service has been shut off and the water meter removed from the above premises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature- Danvers Water Division

### SEWER DIVISION

7 Canal Street, Danvers, MA 01923  
(978) 762-0235

This is to certify that the **SEWER** service has been disconnected from the above premises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature- Danvers Sewer Division

### BOARD OF HEALTH – RODENT REPORT

1 Sylvan Street, Danvers, MA 01923  
(978) 777-0001 x. 3095

This is to certify that the above premises are **RODENT FREE**.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature- Danvers Health Department

### BOARD OF HEALTH – ASBESTOS REPORT

1 Sylvan Street, Danvers, MA 01923  
(978) 777-0001 x. 3095

This is to certify that the above premises are **ASBESTOS FREE**.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature- Danvers Health Department

### NATURAL GAS

This is to certify that the **NATURAL GAS** service has been disconnected from the above premises.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – National Grid

*In lieu of signature please provide confirmation letter.*

I \_\_\_\_\_ do hereby certify that the information provided above is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date