



OFFICE OF THE INSPECTOR OF BUILDINGS

*Town Of* GREENFIELD, MASSACHUSETTS

14 Court Square, Greenfield, Mass, 01301

(413) 772-1404

Fax: (413) 772-1566

SOLID WASTE DISPOSAL AFFIDAVIT

As a result of the provisions of MGL c 40, S54, I acknowledge that as a condition of the building permit issued to *(insert address)* \_\_\_\_\_ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by \_\_\_\_\_ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

\_\_\_\_\_  
Name of Permit Applicant (please print) Telephone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Permit Applicant

(Print or type the following information)

\_\_\_\_\_  
Company to Pick-up or facility where disposed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number