

**Borough of Bound Brook
230 Hamilton Street
Bound Brook, NJ 08805
732-356-0833 ext. 630**

Demolition Guidelines

Prior to issuing a permit to demolish any structure, the following is required:

Property Owner (Print) _____
Address _____
Block _____ Lot _____
Use Group _____
Square footage (if non-residential) _____

1. Certification that the following utilities have been disconnected and made safe:
 - a. Electric service from PSE&G or local electric carrier Yes___ No___ N/A___
 - b. Natural gas service from appropriate carrier Yes___ No___ N/A___
 - c. Liquefied propane tank(s) from appropriate firm Yes___ No___ N/A___
 - d. City water service Yes___ No___ N/A___
 - e. City sewer Yes___ No___ N/A___
 - f. Septic system abandonment from H.C. health dept. Yes___ No___ N/A___
 - g. Letter certifying that building contain no asbestos or that all asbestos will be properly abated. Yes___ No___
2. All underground fuel tanks of any type are removed under a permit from the Construction Office. Yes___ No___ N/A___
3. All above ground fuel tanks are removed. Yes___ No___ N/A___
4. Name of DEP licensed hauler _____
5. If a well exists on the property, it is to be properly abandoned in accordance with NJSA 58:4A-4.1 et. seq. Additional information is attached. Yes___ No___ N/A___
6. A property survey showing all structures on the property, with those to be demolished indicated. Yes___ No___ N/A___
7. Letter certifying that building contain no asbestos or that all asbestos will be properly abated. Yes___ No___

Once the structure is demolished, a final inspection by this office is required. At that time, the well abandonment information is required. All debris from the demolition must be removed from the site by an approved hauler. The property is to be graded off so water will not run off onto adjacent property and is to be seeded.

Once all required information is received, a Certificate of Approval will be issued.

Should you have any questions, please call the Construction Office at (732) 356-0833, ext. 630

Property Owner (Signature) _____ Date _____