

**ATTACHMENT DEMOLITION  
MAJOR CONSTRUCTION  
APPLICATION FOR ZONING/BUILDING PERMIT  
CHARLESTOWN, MARYLAND  
DEMOLITION PROCEDURES**

Town Permit #: \_\_\_\_\_

County Permit #: \_\_\_\_\_

1. Method of removing structure:
2. Miss Utility and the Town of Charlestown shall be contacted to mark any utilities.
3. Other utility companies shall be contacted as necessary. All utilities shall be disconnected from the house.
4. Any hazardous material shall be handled in accordance with appropriate regulations.
5. Care shall be taken when removing the structure so that no neighboring properties are damaged.
6. All debris shall be removed from the property within ninety (90) days.
7. **WATER SYSTEM SHALL BE DISCONNECTED IN AN APPROPRIATE MANNER.**
8. **DISCONNECTION FROM THE SEWER LINE SHALL ALSO BE DONE IN AN APPROPRIATE MANNER.**
9. **DISCONNECTIONS SHALL BE INSPECTED BY CECIL COUNTY. YOU WILL NEED TO GIVE THEM TWENTY-FOUR (24) HOURS ADVANCE NOTICE. CONTACT CECIL COUNTY PERMITS AND INSPECTIONS AT 410-996-5235 AND ASK FOR TOM O'NEIL. IN ADDITION, YOU SHALL NOTIFY THE TOWN AT 410-287-6173 TWENTY-FOUR (24) HOURS BEFORE THE WATER IS DISCONNECTED SO THAT THEY CAN MAKE SURE EVERYTHING IS DONE PROPERLY.**

DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
STANLEY W. HEARNE  
ZONING ADMINISTRATOR

DATE: \_\_\_\_\_  
FIRM/INDIVIDUAL: \_\_\_\_\_  
BY: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

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**10. Comments from the Maryland Department of the Environment's Waste Management Administration:**

- a. Any above ground or below ground petroleum tanks or oil product encountered in this project must be managed in accordance with COMAR 26.10, Oil Pollution and Tank Management. Contact the Oil Control Program at 410-631-3442 for additional information.**
  
- b. Any solid waste including construction, demolition and land clearing debris generated from the subject project must be properly disposed of at a permitted solid waste acceptance facility or, if possible, recycled. Contact the Solid Waste Program at 410-631-3318 for additional information.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

STANLEY W. HEARNE  
ZONING ADMINISTRATOR

DATE: \_\_\_\_\_

FIRM/INDIVIDUAL: \_\_\_\_\_

BY: \_\_\_\_\_

SIGNATURE

\_\_\_\_\_  
PRINTED NAME