



CITY OF LYNN MASSACHUSETTS
Inspectional Services Department
Room 401, Lynn City Hall, Lynn, MA 01901
p. 781-598-4000 ~ f. 781-477-7031
Website: www.lynnisd.com

WASTE DISPOSAL AFFIDAVIT

Name of Applicant _____

Firm Name (if applicable) _____

Address _____

Telephone Number _____

As a result of the provisions of MGL c40, §54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by the Building Permit shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, § 150A. I certify that I will notify the Building Official (two months maximum), of the location of the solid waste 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.

The debris will be disposed of at the following location:

Facility City / Town _____

Facility Address _____

Type of container to transport debris (check one) Truck _____ Dumpster _____

Signature of Applicant

Date