

Permit # _____

TOWN OF BARNSTEAD DEMOLITION PERMIT APPLICATION

TEL.269-2299
Building Inspector

Street Address of Building _____ Tax Map # ___ Lot # _____

Type of building to be demolished _____

If dwelling, # of Family units _____ Date demolition to begin _____

The permit will be void six (6) months from the date it is issued.

Name & address of demolition company _____

_____ Phone: _____

Where will rubble be deposited? _____

Will any of the rubble be burned? (circle one) Yes No

If yes, then permission from the State Air Pollution Control Board and the sign off of the Barnstead Fire Department is required.

Burning is approved _____ Date _____
(Signature of Fire Department Official)

(Owner's name)

(Owner's address)

(Phone #)

(Applicant's name—if different than owner)

(Applicant's address)

(Phone #)

Building Owner and the undersigned agree that all work shall be performed in compliance with the foregoing statements and all applicable Town, State, and Federal laws.

Signature of applicant: _____ Date _____

Permit Issued by _____ Date _____
(Signature of Building Inspector)

Six months expire on _____

COMMENTS: