

Demolition Permit

Town of Easton
1060 Easton Valley Road
Easton, NH 03580

Date _____ Map _____ Lot: _____ Fee of \$100 Paid _____

Property Owner: _____

Owner Mailing Address: _____

Cell Phone: _____ Email: _____

Address of Property to be Demolished: _____

Description of Structure being Demolished: _____

Contractor responsible for the Demolition:

Contractor Name: _____

Responsible Party Name: _____

Address: _____

Cell Phone: _____ Phone: _____

Where is the debris is going:

Land Fill: _____

Address: _____

All utilities must be disconnected at time of demolition ____ Yes. If not reason why: _____

I HAVE ATTACHED AN ASBESTOS CERTIFICATION: ____ Yes

See Department of Environmental Services Asbestos Abatement Inspection and Notification Requirements. If State Notification is Not Required Reason Why: _____

BY SIGNING THIS DOCUMENT, WE AGREE AS FOLLOWS:

- The information given is true and correct to the best of my/our knowledge and belief.
- It is understood that this permit is valid only for the work noted and expires 12 months from the date of issuance.
- It is agreed the Building Inspector and Selectmen or authorized agents have the authority to inspect the premises at any time.
- The NH Department of Environmental Services Asbestos Abatement Inspection/Notification has been read and understood.

Owner's signature: _____ Date: _____

Contractor's signature: _____ Date: _____

Approval:

Building Inspector Signature: _____ Date of Approval: _____