Permit No
Permit Fee: \$
Payment Type:
Date Paid
Rec'd by

Demolition Permit Application

	Applicant Name (If different from owner)				
•					
		Street	Town, State	Zip	
Telephone		Email			
Number of S	tories Number of dw	elling units Demol	Demolition of entire structure? Partial Full Full		
Type of Den	nolition (Please circle) Sing	gle Family Multi-Family	Commercial		
Proposed De	molition				
Dimensions_		Total square foo	tage being demolished		
Construction	material	Date of complete	ion & site restoration		
	_				
	as owner of duly authorized for the owner, I hereby certify that:				
1.	 A release has been secured from all utilities that every service connection has been removed or sealed and plugged in a safe manner. 				
2.	2. Written (10 days prior) notice has been given to the owners of adjoining lots (when excavation is in consideration and to the owners of wired or other facilities for which temporary removal may be necessitated by the proposed work. Adjoining property shall be protected from damage.				
3.	3. The premises shall be maintained free from all unsafe or hazardous conditions by the proper regulation of the lot restoration of established grades and the erection of necessary retaining walls and fences in accordance with the provision of Chapter 33 of the State Code.				
4.	 All state and local health laws pertaining the disposal of the waste material are to be abided by the Heath Officer contacted. 				
5. When asbestos removal is necessary, hire trained asbestos removal specialists, and make sure the debris is legally disposed of in approved hazardous waste disposal sites.					
Signature of	applicant	Date			
PROVED ribed above a MARKS/COM	nd shall be void unless wor		t to the conditions and provisions of the E nin 60 days of the date of issuance of this		
THORIZED	SIGNATURE	DATE	Tax Collector (Only for mobile home demoli	DATE ition)	
		/			

Web Site: www.newportnh.gov Email: bldginsp@newportnh.gov Updated: 7/2/2019