



DEMOLITION PERMIT APPLICATION

Town of Barnstead, New Hampshire
Building Inspector/Code Enforcement Officer
108 S. Barnstead Rd, PO Box 11
Ctr. Barnstead, NH 03225
603-269-2299x3

Location (Street # & Street Name): _____ Map _____ Lot _____

Property Owner: _____ Phone # _____ Address: _____

Town/City: _____ State: _____ Zip: _____ E-Mail Address: _____

Contractor: _____ Phone # _____ Address: _____

Town/City: _____ State: _____ Zip: _____ E-Mail Address: _____

DESCRIPTION – PURPOSE OF DEMOLITION AND SIZE OF UNIT TO BE DEMOLISHED:

Existing use of structure: _____ Date demolition to begin _____

List of Hazardous Materials being removed: (ex – asbestos siding, insulation, shingles):

Certified Asbestos Consultants Name: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

Phone #: _____ License #: _____ Asbestos Report Included: Yes _____ No _____

Building Owner and or Contractor agree that all work shall be performed in compliance with RSA 141-E, Env-A 1803 and Env-A1804.01 and all applicable Town, State, and Federal laws.

Signature of applicant: _____ Date _____

The permit will be void six (6) months from the date of issue.
All Demolition needs will be charged a fee according to the Residential Permit Fee Schedule

Approved By Building Inspector/Code Enforcement Officer

Date