



BUILDING INSPECTOR  
CODE ENFORCEMENT OFFICER  
233 ATLANTIC AVENUE  
NORTH HAMPTON, NH 03862

TEL: (603) 964-8650  
FAX: (603) 964-1514

TOWN OF NORTH HAMPTON, NEW HAMPSHIRE  
**-DEMOLITION PERMIT APPLICATION-**

Project Address: \_\_\_\_\_

Map# \_\_\_\_\_ Lot# \_\_\_\_\_ Zone: \_\_\_\_\_ Flood Zone: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_ Phone# \_\_\_\_\_

Owner(s) Email Address: \_\_\_\_\_

Owner(s) Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_

Contractor Email Address: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

Is the entire building to be demolished? Yes \_\_\_ No \_\_\_ Total Square Footage: \_\_\_\_\_

Estimated Project Cost: \_\_\_\_\_ Expected date of demolition \_\_\_\_\_

Size of Building:  
Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ # of stories: \_\_\_\_\_

Original construction date: \_\_\_\_\_

Describe scope of work (what is being demolished, how material is being disposed, tipping fees, etc.)

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Life Safety:

Fire alarm systems: Notification to the Fire Department required.

Sprinkler systems: Notification to the Fire Department required.

This permit will be copied to the Assessor's Office. An assessing agent may visit the property as a result.

Authorizations (if applicable):

Fire Chief: \_\_\_\_\_ Gas Company: \_\_\_\_\_

Aquarion Water: \_\_\_\_\_ PSNH: \_\_\_\_\_

Dig Safe Number: \_\_\_\_\_ Asbestos Survey: \_\_\_\_\_

State of NH Septic System \_\_\_\_\_ Demolition Committee: \_\_\_\_\_

**I hereby certify that I have read and examined this document and know the same to be true and correct. All local, state, and national codes, laws, and ordinances governed by this type of work will be complied with whether specified herein or not.**

**I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. (Owner's Agent must attach a copy of an Owner Authorization Letter to this application).**

**I further certify that I will hold the Town of North Hampton harmless and indemnify the Town of North Hampton from any claims arising out of the demolition.**

**I also understand that work shall not begin until the permit is issued or I will be subject to any additional fees or penalties as stated in the town's fee schedule. Permit fees are nonrefundable, except when construction is cancelled before work begins, and any such permit fee will be a partial refund and is subject to Selectmen's approval.**

**I understand that I am responsible for calling for all required inspections; that work shall be accessible for the inspection; that a final inspection shall be conducted before approval; and that the demolition area will be stabilized to minimize debris impacting neighborhood**

**This permit application is only for the work described herein. Every permit issued shall become invalid if work does not start within 90 days of issuance, or if work authorized by said permit is suspended or abandoned for a period of 90 days after work commenced.**

Applicant: (print) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**Permit Fee Required: \$50.00**

**Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_**

**Permit Number: \_\_\_\_\_**

**Date Permit Issued: \_\_\_\_\_**

\_\_\_\_\_  
**Building Official Signature**