

Demolition Permit

Town of Franconia
PO Box 900
Franconia, NH 03580

Date: _____ Fee - \$100 Paid _____

MAP: _____ Lot: _____

Property Owner: _____

Physical Address: _____

Mailing Address: _____

Cell Phone : _____ Email: _____

Description of Structure being Demolished:

Contractor responsible for the Demolition:

Name: _____

Address: _____

Cell Phone: _____

Where the debris is going:

Land Fill: _____

Address: _____

Cell Phone: _____

All utilities must be disconnected. ____ Yes. If not reason why: _____

MUST HAVE AN ASBESTOS CERTIFICATION ATTACHED TO BE APPROVED.

See Department of Environmental Services Asbestos Abatement Inspection and Notification Requirements. Building Inspector can waive this requirement's if not needed.

If Not Needed Reason Why: _____

BY SIGNING THIS DOCUMENT, I 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 date of issuance.
- It is agreed the Building Inspector and/or his authorized agents have the authority to inspect the premises at any time.

Home Owner(s) signature: _____ Date: _____

Home Owner(s) signature: _____ Date: _____

Approval:

Building Inspector Signature: _____ Date: _____