

TOWN OF LOUDON ~ 8 COOPER STREET ~ LOUDON, NH 03307
PHONE: 603-798-5584 FAX: 603-798-5628

APPLICATION FOR DEMOLITION PERMIT

LANDOWNER(S)/AGENT(S) NAME: _____
LANDOWNER(S)/AGENT(S) ADDRESS: _____
TELEPHONE: (DAYS) _____ (EVENINGS) _____
LOUDON TAX MAP REFERENCE: MAP _____ LOT _____ LOCATION _____

CHECK ONE: RESIDENTIAL- HOME RESIDENTIAL- ACCESSORY STRUCTURE COMMERCIAL - BUILDING

DESCRIPTION OF INTENDED DEMOLITION: _____

FOUNDATION SIZE _____ FOUNDATION TYPE _____ TYPE OF CONSTRUCTION _____

DEMOLITION CO: _____ ADDRESS: _____ PHONE: _____

DEBRIS HAULER: _____ ADDRESS: _____ PHONE: _____

ESTIMATED START DATE: _____ ESTIMATED FINISH DATE: _____

INCLUDE WITH THIS APPLICATION:

- SKETCH (WITH DIMENSIONS) SHOWING LOCATION OF BUILDING TO BE DEMOLISHED, SETBACKS, ALL BUILDINGS ON LOT
- NH D.E.S. – AIR RESOURCE ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM IF APPLICABLE
- ASBESTOS ABATEMENT CONTRACTOR: _____
ADDRESS: _____ STATE LICENSE # _____

I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE TOWN OF LOUDON. THE CODE OFFICIAL SHALL HAVE PERMISSION TO ENTER THE PROPERTY TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO THE PERMIT. I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. NO CHANGES TO THE ABOVE INFORMATION WILL BE MADE WITHOUT APPROVAL OF THE BUILDING INSPECTOR.

LANDOWNER(S) SIGNATURE: _____ DATE: _____

AGENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE:

FEES RECEIVED: _____ DATE: _____

DISPOSITION OF APPLICATION: _____

COMMENTS/CONDITIONS: _____

BUILDING INSPECTOR: _____

PERMIT NUMBER: _____ DATE ISSUED: _____