

TOWN OF LOUDON
BUILDING DEPARTMENT/CODE ENFORCEMENT
8 COOPER STREET LOUDON, NH 03307
603-798-5584

APPLICATION FOR DEMOLITION PERMIT – PLEASE PRINT

LANDOWNER(S)/AGENT(S) NAME: _____

LANDOWNER(S)/AGENT(S) ADDRESS: _____

DAYTIME PHONE: _____ CELL PHONE: _____

LOUDON TAX MAP REFERENCE: MAP _____ LOT _____ LOCATION _____

Permit Fee: \$75.00

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 # _____ DATE ISSUED: _____