

# Demolition Permit

Town of Jackson  
PO Box 268  
Jackson, NH 03846

Date: \_\_\_\_\_

MAP: \_\_\_\_\_ Lot: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Structure being Demolished \_\_\_\_\_

\_\_\_\_\_

Name, Contact Number, Email for Contractor responsible for the Demolition: \_\_\_\_\_

\_\_\_\_\_

Where is the debris going? Name of Land Fill, Address, Phone # Email: \_\_\_\_\_

\_\_\_\_\_

All utilities must be disconnected. \_\_\_\_ Yes. If not reason why \_\_\_\_\_

\_\_\_\_\_

**MUST HAVE AN ASBESTOS CERTIFICATION ATTACHED BEFORE APPROVED.** See Department of Environmental Services Asbestos Abatement Inspection and Notification Requirements. **SEE ATTACHED.** Town of Jackson Building Inspector can waive this requirement's if not need.

If Not Needed Reason Why \_\_\_\_\_

\_\_\_\_\_

By signing this document:

I/We understand that the information given is true and correct to the best of my/our knowledge and belief.

I/WE understand this permit is valid only for the work noted and expires 12 months from date of issuance

I/We understand that the demolition permit card shall be posted so as to be visible from the street.

I/We understand that violation of the terms of Zoning Ordinance, including beginning demolition without a demolition permit, will result in an immediate cease and desist order and I/We may be subject to fines outlined in RSA 676:17

I/We hereby agree the Building Inspector and/or his authorized agents have the authority to inspect the premises at any time.

I/WE have read the Department of Environmental Services Asbestos Abatement Inspection and Notification Requirements. [See Attachment.](#)

Home Owner (s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Owner (s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEMOLITION PERMIT FEES: If structure is 500 square feet and under the permit fee is \$50.00 or \$.10 per square feet**

**Building Inspector & Fire Chief Approval Required:**

Building Inspector Signature: \_\_\_\_\_

Fire Chief Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_