

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: _____