



# DEMOLITION Permit Application

TOWN OF GILMANTON

Prior to issuing of the demolition permit, this form must be completely filled out and signed by all the utility providers listed below.

For Office Use- Date Received:

Amount Paid \$ \_\_\_\_\_

Cash or Check # \_\_\_\_\_

DEMOLITION LOCATION		
Street Address:		
Tax Map / Lot#	Zone:	Historic District:
Number of Stories:	Number of Units:	
PROPERTY OWNER		
Name:		
Address:		
City/State/Zip:		
Phone: ( )	Cell: ( )	
Email:		
CONTRACTOR		
Business Name:		
Contact Name:		
Address:		
City/State/Zip:		
Phone: ( )	Cell: ( )	
Email:		
Utility Provider	Date Approved for Release	Utility Rep/WO Number
Elec:		
Gas:		
Internet:		

TYPE OF DEMOLITION
<input type="checkbox"/> Residential
<input type="checkbox"/> Single Family
<input type="checkbox"/> Multi-Family
<input type="checkbox"/> Commercial/Industrial
Valuation of work: \$ _____
<input type="checkbox"/> Full Demolition
<input type="checkbox"/> Partial Demolition

Additional Approvals or Permits
Historic District: _____
DES: _____

***Per RSA 141-E (ENVA1800 Regulations) requires all buildings to be inspected for asbestos before demolition. A report must be submitted to the Town saying that there is no asbestos or it has been cleaned-up.***

***Demolition of structures must comply with the provisions of Section 3303 of the 2018 International Building Code.***

***Section 3303.6 Utility Connection: Service utility connections shall be discontinued and capped in accordance with approved rules and requirements of the applicable governing authority.***

Before the Demolition Permit is approved, it is the applicant's responsibility to supply this office with photographs of the structure. These photos shall include all four sides of the structure and any unusual or interesting features of the inside or outside of the structure. Please provide the address on the back of these photos. The Building Official or his designee may waive sheds, porches, etc. from this requirement.

I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Authorized signature

Date: