



DEMOLITION PERMIT APPLICATION

Permit Number: # _____ **Permit Fee: \$50.00** **Date Received:** _____ **Receipt #** _____

Property Information: _____ **Zoning District:** _____ **Tax Map/Lot#** _____

Physical Address: _____

Owner Information: Name _____ Telephone#: _____

Legal Mailing Address: _____
Street or PO Box Town/City State Zip Code

The undersigned hereby applies for permission to raze, demolish, and dispose as described in this application and attached documentation. Demolition shall be completed in accordance with all applicable Town of Meredith, State of New Hampshire, and United States laws and regulations. I hereby attest that all information on this application is true and correct to the best of my knowledge.

Signature of Owner Date: _____

Contractor/ Owner's Agent (Note: Owner signature above, or signed letter of authorization required)

Print Name _____ Telephone# _____

Mailing Address _____
Street or PO Box Town/City State Zip Code

Signature of Contractor _____ Date: _____

Project Details: Town Water () Yes () No Town Sewer () Yes () No

Demolition project description _____

Date demolition will begin _____ *Permit VOID six (6) months from date of issue.

Please attach the following:

- ☐ NHDES Asbestos Demolition/Renovation Notification Form
Asbestos Program
NHDES Air Resources Division
(603) 271-1373 or (603) 271-1370
www.nhdes.nh.gov
- ☐ Lead Paint Assessment *required for all buildings built prior to 1978
- ☐ Site fencing and stabilization plan if applicable
- ☐ Waste facility disposal receipt must be submitted to the Community Development Department

**** Note:** If burning of debris is contemplated, then permission for the Meredith Fire Department must be sought and approve

Town of Meredith - Official Use Only:

This Permit is granted subject to any conditions established herein.

Burning Allowed by _____ Date: _____
Fire Department Official

Permit Issued by _____ Date: _____
Building Official