

**Town of Pelham Building Department  
6 Village Green  
Pelham, NH 03076  
(603) 635-7811**

**DEMOLITION PERMIT APPLICATION**

DATE: \_\_\_\_\_ FEE: \_\_\_\_\_ CHECK # \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

OWNER: \_\_\_\_\_

KIND OF BUILDING \_\_\_\_\_ USED AS \_\_\_\_\_

PROPOSED START DATE: \_\_\_\_\_ PROPOSED END DATE: \_\_\_\_\_

AN INSPECTION IS REQUIRED, PRIOR TO AND AFTER COMPLETION OF DEMOLITION IN ORDER TO ENSURE THAT ALL ITEMS LISTED BELOW HAVE BEEN ADDRESSED

1. PROOF THAT TOWN OF PELHAM PROPERTY TAXES ARE PAID
2. PROOF OF ELECTRIC COMPANY DISCONNECTION
3. PROOF THAT PROPANE GAS COMPANY TANKS HAVE BEEN REMOVED, IF APPLICABLE
4. LETTER OF ABATEMENT FROM HAZARDOUS MATERIAL COMPANY
5. PROOF THAT WELL HAS BEEN CAPPED/PROPERLY SEALED OR THA TWATER SERVICE HAS BEEN SHUT OFF
6. PROOF THAT SEPTIC SYSTEM HAS BEEN DISCONNECTED, PUMPED, CRUSHED AND FILLED
7. PROTECTIONS HAVE BEEN PUT IN PLACE FOR ABUTTING PROPERTIES
8. EROSION CONTROL MEASURES ARE IN PLACE
9. AUTHORIZED DEMOLITION APPROVAL FROM LIBERTY UTILITES (Contact Emily Langton, Liberty Utilities Operations Coordinator @ 603-782-2366)

APPLICANT'S PRINTED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

APPLICANT'S PHONE NUMBER \_\_\_\_\_

**OWNER'S PHONE NUMBER (REQUIRED)** \_\_\_\_\_

BY APPLYING FOR THIS PERMIT FOR THE ABOVE LISTED PROPERTY, I AGREE TO DISPOSE OF ALL DEBRIS IN AN APPROPRIATE MANNER, WHICH IS CONSISTENT WITH ALL THE RULES AND REGULATIONS OF THE STATE OF NEW HAMPSHIRE AND THE TOWN OF PELHAM.

\_\_\_\_\_  
Signature of Owner

APPROVED

Conditions of Approval to be noted on demolition permit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Roland Soucy, Building Inspector

\_\_\_\_\_  
Date

# SAMPLE



## Authorized Demolition Approval Form

This form serves as formal authorization that a demolition permit can be issued for

\_\_\_\_\_ located in \_\_\_\_\_, NH.  
Service Address City/Town

Liberty Utilities has investigated the property mentioned above and found the following:

There was no natural gas service or meter located on the property.

There was at one time a gas service or meter located on the property, but the service has been disconnected and a demolition can now be performed safely.

Liberty Utilities Representative Name \_\_\_\_\_ Date \_\_\_\_\_

Liberty Utilities Representative Signature \_\_\_\_\_