



# TOWN OF CANTERBURY

## Application for permit to demolish

\$50.00

Permit Number \_\_\_\_\_

Zoning District		
AC _____	RU _____	RE _____
I/C _____	N _____	H _____

Land Owner \_\_\_\_\_ Tel.No. \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Map & Lot \_\_\_\_\_

Contractor \_\_\_\_\_ Printed name \_\_\_\_\_ Tel. No. \_\_\_\_\_

Contractor Address: \_\_\_\_\_

If structure is located within historic district the removal, relocation or demolition of any building shall be reviewed by the historic district commission. To initiate the review process, please fill out this application and return it to the building inspector.

**Building to be demolished location:** \_\_\_\_\_

Use of building: \_\_\_\_\_ Type of construction: \_\_\_\_\_ Sq Ft: \_\_\_\_\_

# of dwelling units: \_\_\_\_\_ Height \_\_\_\_\_ Removal costs: \_\_\_\_\_

The following utilities must be disconnected prior to demolition. Upon disconnection the authorized agent will sign.

- Electric: \_\_\_\_\_ Date: \_\_\_\_\_
- Natural Gas: \_\_\_\_\_ Date: \_\_\_\_\_
- Cable: \_\_\_\_\_ Date: \_\_\_\_\_
- Health Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Demolition materials disposal means \_\_\_\_\_

Hazardous materials, Inspections, Comments \_\_\_\_\_

If asbestos is to be removed certificate of asbestos abatement shall be provided. By signing below I understand and have provided correct information

Applicant's Printed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Historical District Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Conditions attached \_\_\_\_Y\_\_\_\_N\_\_\_\_

Building Official signature and approval: \_\_\_\_\_ Date: \_\_\_\_\_