

Town of New Ipswich



PERMIT TO DEMOLISH

Date: _____

Permit Number: _____

Owner Name:	Contractor:
Address:	Address:
Phone number:	Phone number:

Applicants Signature: _____

The building to be demolished is located on the following property:

Address: _____ Zone: _____

Assessors: Map _____ Lot: _____

Former use of building: _____ Type of construction: _____

Number of dwelling units: _____ Height: _____ Square Feet: _____

Cost to remove the building including disposal of materials: _____

The following utilities must be disconnected prior to demolition. Upon disconnection, the authorized agent for each utility will sign below. **FAXED SIGNATURES WILL NOT BE ACCEPTED.**

Utility	Date Disconnected	Agent
Cable TV		
Electric		
Telephone		
LP Gas		
Sewer/sanitary/water		
Health Officer		
Fire		
Other		

Demolition materials will be disposed of at (location): _____

Hazardous materials. Inspections and comments:

If asbestos or other similar material of hazardous classification is to be removed, approval must be obtained from the Code Enforcement Officer.

The owner is hereby permitted to commence demolition of said building:

Application Fee: \$50.00

Date: _____ Building Inspector _____