



DEMOLITION PERMIT APPLICATION

Town of Gilford ~ Department of Planning and Land Use
47 Cherry Valley Rd ~ Gilford, NH 03249
Phone: 603-527-4727 ~ Fax: 603-527-4731 E-mail: planning@gilfordnh.org

Demolition Permit Application

Street address of building: _____ Tax Map #: _____, Plat #: _____

Type of building to be demolished _____

If dwelling, # of units: _____ Zone: _____

Date demolition to begin: ____ - ____ - ____ . Permit void six (6) months from date of issue.

Demolition company information

Name: _____ Phone Number: _____

Street/Box No.: _____ Address: _____

City/Town: _____ State: _____ Zip: _____

Owner Information

Name: _____ Phone Number: _____ License # _____

Street/Box No.: _____ Address: _____

City/Town: _____ State: _____ Zip: _____

Applicant Information

Name: _____ Phone Number: _____ License # _____

Street/Box No.: _____ Address: _____

City/Town: _____ State: _____ Zip: _____

Building owner and the undersigned agree that all work shall be performed in compliance with the forgoing statements and all applicable City, State, and Federal laws.

Signature of owner: _____, Date Notified: ____ - ____ - ____

Note: It is required that the public works department be notified by the owner so that they may cap the sewer connection during demolition. Date notified: ____ - ____ - ____.

Note: If a burning is contemplated, then permission from the State Air Pollution Control Board and from the Gilford Fire Department must be sought.

Burning allowed by _____, Date: ____ - ____ - ____
(Fire Department Official)

Permit Issued by: _____, Date: ____ - ____ - ____
(Building Official)

Six months expire on: ____ - ____ - ____

Comments:

** For all applicants required to pay Jeopardy Tax - A verification signature from Gilford Assessor's Office indicating the jeopardy tax has been paid will be required on this form.