

**TOWN OF ALSTEAD  
BUILDING & DEMOLITION PERMIT  
INSTRUCTIONS**

Please fill out the attached Building or Demolition Permit Application completely. Include the following:

- Plans (which need not be professionally drawn), showing the actual shape, dimensions and location of the lot to be used, of existing buildings upon it, of alterations proposed to existing buildings, and of proposed of new buildings.
- Information as to the existing and intended use of each building, lot or part thereof, and as to the number of families, boarders, or other occupants any building upon the premises is designed to accommodate.

If any information is omitted, the form will be returned to you. If you have specific questions when filling out the application, please don't hesitate to call Charlotte Comeau during the day at 835-2986 and she will get an answer to your question.

After the application is done, please return it to the Office Administrator, Charlotte Comeau at the Municipal Offices with payment of \$25.00, or you can mail the completed application and check to: Town of Alstead, PO Box 60, Alstead, NH 03602.



Town of Alstead ~ 15 Mechanic St ~ POB 60 ~ Alstead, NH 03602  
Phone: 603-835-2986 FAX: 603-835-2178

### APPLICATION FOR DEMOLITION PERMIT

LANDOWNER(S)/AGENT(S) NAME: \_\_\_\_\_

LANDOWNER(S)/AGENT(S) ADDRESS: \_\_\_\_\_

TELEPHONE: (DAYS) \_\_\_\_\_ (EVENINGS) \_\_\_\_\_

ALSTEAD TAX MAP REFERENCE: MAP \_\_\_\_\_ LOT \_\_\_\_\_ LOCATION \_\_\_\_\_

**CHECK ONE:**  RESIDENTIAL- HOME  RESIDENTIAL- ACCESSORY STRUCTURE  COMMERCIAL - BUILDING

DESCRIPTION OF INTENDED DEMOLITION: \_\_\_\_\_

FOUNDATION SIZE \_\_\_\_\_ FOUNDATION TYPE \_\_\_\_\_ TYPE OF CONSTRUCTION \_\_\_\_\_

DEMOLITION CO: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEBRIS HAULER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ESTIMATED START DATE: \_\_\_\_\_ ESTIMATED FINISH DATE: \_\_\_\_\_

**INCLUDE WITH THIS APPLICATION:**

- SKETCH (WITH DIMENSIONS) SHOWING LOCATION OF BUILDING TO BE DEMOLISHED, SETBACKS, ALL BUILDINGS ON LOT
- NH D.E.S. – AIR RESOURCE ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM
- ASBESTOS ABATEMENT CONTRACTOR: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ STATE LICENSE # \_\_\_\_\_

I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE TOWN OF ALSTEAD. THE CODE OFFICIAL SHALL HAVE PERMISSION TO ENTER THE PROPERTY TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO THE PERMIT. I CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. NO CHANGES TO THE ABOVE INFORMATION WILL BE MADE WITHOUT APPROVAL OF THE ZONING OFFICER.

LANDOWNER(S) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE:**

FEES RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_

DISPOSITION OF APPLICATION: \_\_\_\_\_

COMMENTS/CONDITIONS: \_\_\_\_\_

ZONING OFFICER: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_