

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

Please fill out the attached application completely. Include the following:

Plans 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. Plans do not need to be professionally drawn.

Information about the existing and intended use of each building; about the lot or part thereof; and about 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 contact the Planning and Zoning Administrator in the evening at 603-835-6846 to get help with your questions.

After the application is done, please return it to the Municipal Offices with payment of the \$25.00 fee, or 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: _____