

**TOWN OF PITTSFIELD, NH
DEMOLITION PERMIT APPLICATION**

STREET ADDRESS OF DEMOLITION:	MAP:	LOT:
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PROPERTY OWNER(S)

NAME:	
ADDRESS:	
EMAIL ADDRESS:	
PHONE:	FAX:

CONTRACTOR

NAME:	
ADDRESS:	
EMAIL ADDRESS:	
PHONE:	FAX:

PROPOSED ACTIVITY

DESCRIBE DEMOLITION PLANS			
TYPE OF CONSTRUCTION			
DIG SAFE #			
ASBESTOS REMOVAL CERTIFICATE #			
LEAD REMOVAL CERTIFICATE #			
SIZE OF STRUCTURE	LENGTH	WIDTH	HEIGHT
SITE PLAN ATTACHED	YES	NO	N/A
DEMOLITION ACTIVITY IN FLOOD PLAIN?	YES	NO	

DEPARTMENT/UTILITY NOTIFICATIONS

FIRE DEPARTMENT	YES	NO	N/A
PUBLIC WORKS	YES	NO	N/A
WASTE WATER	YES	NO	N/A
WATER COMPANY	YES	NO	N/A
CABLE COMPANY	YES	NO	N/A

CERTIFICATION

I hereby certify that I am the owner of record of the named property or that I have been authorized by the owner to make this application as their authorized agent and agree to conform to all applicable laws of this jurisdiction. I certify that the code official or authorized representative shall have the authority to enter areas covered by such permit at a reasonable hour to enforce the provisions of the code(s) applicable to such permit. I certify that the information given is true and correct to the best of my knowledge. No changes from the above information will be made without approval of the building inspector. No work shall commence until the applicable permit is issued.

APPLICANT

PRINT NAME	SIGNATURE	DATE
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