



TOWN OF CHESTER

84 Chester Street

Chester, NH 03036

Phone- 603.887.3636 Cell-603-370-0175

Website: www.chesternh.org



Demolition Permit Application

(Per Env-A 1803.03, an asbestos notice must be attached to this application and be received at least 10 days prior to demolition)

Today's Date

24 Hour Notice for Inspections

Street Address of Project	Zoning	MAP	LOT
PROPERTY OWNER(S)			
NAME			
ADDRESS			
PHONE		EMAIL ADDRESS	
CONTRACTOR			
NAME			
COMPANY			
ADDRESS			
CITY/STATE/ZIP			
PHONE		EMAIL ADDRESS	
STRUCTURE INFORMATION			
Year Built	Square footage		
Description of Structure being Demolished			
Estimated Cost of Demolition		Use of Structure	
DISPOSAL INFORMATION			
NAME			
COMPANY			
ADDRESS			
CITY/STATE/ZIP			
PHONE		EMAIL ADDRESS	
SIGNATURES			
<i>I hereby declare that the statements and information contained herein and submitted in conjunction with said application are true and accurate, to the best of my knowledge. I understand that I am responsible for ensuring all demolition and/or other work will be completed in accordance with applicable Federal, State and Local laws, regulations, codes and ordinances, including but not limited to the State of New Hampshire Building Code (RSA 155-A). I understand that I am responsible for ensuring all inspections will be completed as required by the Town of Chester and that no structure will be used in violation of Federal, State and Local laws, regulations, codes or ordinances. The making of a false statement on this application shall constitute a criminal offense.</i>			
Property Owner [] or Contractor []			Date
OFFICE USE ONLY - BUILDING PERMIT GRANTED ON ABOVE TERMS			
Application Received By			Date
Building Inspector			Date
[] Approved [] Denied			

PERMIT NO.	Amt \$ _____ Ck # _____
	Date _____ Rec By _____