



TOWN OF PETERBOROUGH

OFFICE OF COMMUNITY DEVELOPMENT
Code Enforcement & Zoning Administration

One Grove Street
Peterborough, NH 03458

(603) 924-8000 x118
CEO@PeterboroughNH.Gov

Demolition Permit Application

scan

PROPERTY OWNER

Name: _____

Address: _____
Number Street Name Town State Zip

Phone: _____ Mobile Phone: _____ Email: _____

PERMIT APPLICANT

Name: _____

Address: _____
Number Street Name Town State Zip

Phone: _____ Mobile Phone: _____ Email: _____

PROPERTY INFORMATION (where demolition is proposed)

Address: _____ Parcel Number: _____
Number Street Name

GENERAL DISCRPTION OF BUILDINGS TO BE DEMOLISHED

Are any buildings connected to Town water? Yes No

Are any buildings connected to Town sewer? Yes No

Are any buildings connected to an electric utility? Yes No

Are there propane tanks connected to these buildings? Yes No

Are there any underground tanks or wells on the property? Yes No

Are any buildings in the Wetland Protection Overlay Zone? Yes No

Are any buildings in the Shoreland Conservation Zone? Yes No

Have the buildings been tested for the presence of asbestos? Yes No

DEMOLITION REVIEW

Is the structure's gross floor area greater than 450 square feet? Yes No

Is the structure more than 50 years old? Yes No

If the structure is greater than 450 square feet and more than 50 years old it will need to be reviewed by the Demolition Review Committee. Please refer to: Chapter 207 Building Construction, for the review procedure and timeline.

DEMOLITION PERMIT FEE

(Please make check out to: Town of Peterborough)

Demolition Permit Fee: \$50.00

AFFIDAVIT BY APPLICANT

I hereby certify that the information provided is true and correct to the best of my knowledge. No changes to the information provided shall be made without notification to the Code Enforcement Officer. I further grant the Code Enforcement Office the right to enter the property and buildings at reasonable times for inspection purposes.

Demolition activities will not start until the Demolition Permit has been issued. All demolition work will be performed in accordance with applicable laws and administrative rules of the State of New Hampshire.

Please indicate (check one) below if you are the owner or authorized agent:

- I am the owner of the property
- I am the authorized agent of the owner of the property

Signature of Applicant

Print Name

Date

Office use only:

Scan

Amount: _____ Check Number: _____ Cash? _____

Bank: _____

Name on Account: _____
