

Permit Number: _____

TOWN OF HILLSBOROUGH DEMOLITION PERMIT APPLICATION

INSTRUCTIONS

Please return the completed application form, supporting documentation, and application fee to:

Town of Hillsborough
27 School Street
P.O. Box 7
Hillsborough, NH 03244
Phone: (603) 464-3877 ext. 259 / Fax: (603) 464-4270

APPLICANT

Name: _____
Last First MI
Mailing Address: _____
Phone/Fax: _____ License #: _____

DESCRIPTION OF DEMOLITION & DISPOSAL: _____

PROPERTY INFORMATION Map Number: _____ Lot Number: _____
Location (include street address and directions): _____

OWNER OF RECORD

Name: _____
Last First MI
Mailing Address: _____
Phone/Fax: _____

CONTRACTORS: Include name and phone numbers.

General: _____ Telephone#: _____
Address: _____

Application Fee: \$25 for residential and \$50 for commercial **Application Fee Paid:** \$ _____

I hereby certify that to the best of my knowledge this proposal complies with all applicable local, state and federal regulations and I understand that noncompliance with any applicable regulation may result in the revocation of this permit, if issued.

Signature of Property Owner: _____ Date: _____

ACTION OF THE BUILDING INSPECTOR

_____ Approved Conditions: _____
_____ Denied Reason: _____
Date: _____

Hillsborough Building Inspector