

TOWN OF MERRIMACK

Application for Demolition Permit BLD - FRM - 013

Tax Map		
Parcel		
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Permit Fee:		_
Date:		
Cash / Check	ς#	_

Location of Domolitic	on:	,	Type of He	· · · · · · · · · · · · · · · · · · ·			
	on:						
Address:	City:		State:	7in:			
Demolition Contracto	City	`	Phone:	zıp.			
Address:	or: City:		State:	7in·			
1 Iddiess	City:		otate	Zip.			
Number of Demolished Structure(s) Estimated Valuation: \$							
Demolition of structures shall comply with the State of NH Department of Environmental Services. All							
applicable Building Codes, State, Town and Local Utility Regulations, shall apply.							
<b>Authority Sign-Off Requirements</b>							
				nature of			
Utilities & Town I	Departments	Date approv	ed Auth	orizing Person	n N/A		
PS PS	NH Nashua 800-362-7764						
Electric	Manchester 634-2012						
Me	errimack Village District 424-7171						
	nnichuck Water 882-5191						
N. G. O'I (Inc	dicate provider)						
Nat Gas, Oil	•						
Propane							
I Phone/ Cable   I	erizon Telephone 800-922-0204						
Co	omcast 266-2278						
TOWN	re Marshall 424-3690						
DLII	errimack Public Works 423-8551						
	wer Dept 883-8196						
	anning & Zoning eritage/ Conservation 424-3531						
Bu	ailding Dept 420-1730						
Environmental Servic Asbestos-Containing r of the Code of Admin	al for demolition permit, the applicates, written verification from a Cermaterials are absent or have been raistrative Rules. Provide verification	tified NH As emoved, acco	bestos Inspe ording to Ne	ector that the j w Hampshire	presence of RSA 141-E		
hole and remove <i>In accordance</i> 2. All material to	Notes: I removal of structure; including the fival of all debris shall be completed with RSA 155-B.13 and IBC - Section be disposed of in a manner consisten sibility of the Owner to collect and of	ithin 30 days f 1 3303. t with NH Sta	from comme	ncing work.  and local regul	ations.		
Notification, Fire and Authority Having Juri	th the provisions of the applicable NHDE. Building Codes, and the requirements of isdiction. And that the information on the completed to the best of my knowledge.	f the is form is	Official Use O Merrimack Fin Authorized Sig	re Department	Date		
			rumonzeu Si	Snature	Date		
Applicant/ Owner	Date						