



TOWN OF GREENLAND, NH  
 Building Inspector's Office  
 11 Town Square – PO Box 100  
 Greenland, NH 03840.0100  
 Phone: 603.431.3070 x108 // Fax: 603.430.3761  
 Email Permit: chussey@greenland-nh.com

## Demolition Application

For information on Asbestos go to: <http://des.nh.gov/asb.htm>; [www.epa.gov/asbestos](http://www.epa.gov/asbestos);  
<http://www.gencourt.state.nh.us/rsa/html/x/141-e/141-e-mrg.htm>; <http://des.nh.gov/ard/asbestos.htm>

For information on Lead-Based Paint go to: [www.hud.gov](http://www.hud.gov); <http://www.epa.gov/iaq/homes/hip-lead.html>;  
<http://des.nh.gov/factsheets/hw/hw-22.htm>; <http://des.nh.gov/ard/polut.htm>

Street Address of Demolition		Zoning
<b>PROPERTY OWNER(S)</b>		
NAME		
ADDRESS		
PHONE	Email Address	
<b>Contractor</b>		
NAME		
ADDRESS		
PHONE	Email Address	
<b>Description of Demolition</b>		
Square Footage of Area to be Demoed		
<b>Dig Safe #</b>		
Asbestos Removal Certificate #		Lead Removal Certificate #
<b>Be advised:</b> Any variances or "grandfathering" that may pertain to any structure demolished, become void with the completion of demolition.		
<b>Certification</b>		
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 his 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 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.		
<b>APPLICANT</b>		
Name (Print)	Signature	Date
<b>TOWN OF GREENLAND BUILDING DEPARTMENT</b>		
Application Received By		Date
Building Inspector		Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

Amt \$ _____	Ck # _____	Mnthly <input type="checkbox"/>
Date _____	Rec By _____	Vision <input type="checkbox"/>