



TOWN OF CANTERBURY

Application for permit to demolish

\$50.00

Permit Number _____

Zoning District		
AC _____	RU _____	RE _____
I/C _____	N _____	H _____

Land Owner _____ Tel.No. _____ Email _____

Address _____

Map & Lot _____

Contractor _____ Printed name _____ Tel. No. _____

Contractor Address: _____

If structure is located within historic district the removal, relocation or demolition of any building shall be reviewed by the historic district commission. To initiate the review process, please fill out this application and return it to the building inspector.

Building to be demolished location: _____

Use of building: _____ Type of construction: _____ Sq Ft: _____

of dwelling units: _____ Height _____ Removal costs: _____

The following utilities must be disconnected prior to demolition. Upon disconnection the authorized agent will sign.

- o Electric: _____ Date: _____
- o Natural Gas: _____ Date: _____
- o Cable: _____ Date: _____
- o Health Officer: _____ Date: _____

Demolition materials disposal means _____

Hazardous materials, Inspections, Comments _____

If asbestos is to be removed certificate of asbestos abatement shall be provided. By signing below I understand and have provided correct information

Applicant's Printed: _____

Applicant's Signature: _____ Date: _____

Historical District Approval: _____ Date: _____ Conditions attached ___Y___N_

Building Official signature and approval: _____ Date: _____