

55 Constitution Drive
Bedford, NH 03110
472-3838

Application Date

____/____/____

**DEMOLITION APPLICATION
TOWN OF BEDFORD
BUILDING CODE ENFORCEMENT
SUBMISSION CHECKLIST**

PLEASE FILL IN

ASBESTOS EVALUATION REPORT

ASBESTOS MITIGATION REPORT

Is Owner Applicant ___ Y ___ N

Applicant email:

PROPERTY INFORMATION

Number	Street Name	Lot Number	Zoning
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OWNER INFORMATION

Name or Name of Business			Telephone No.	
Number	Street Name	City	State	Zip

CONTRACTOR INFORMATION

	NAME OF CONTRACTOR	ADDRESS, CITY, STATE, ZIP	TELEPHONE NO.
Demolition Co.			
Debris hauler			

THE BACK OF THIS SHEET *MUST* BE COMPLETED

DESCRIPTION OF WORK

Estimated Start ____/____/____ Estimated Finish ____/____/____ Estimated Value \$ _____

This is to certify that all plans and specifications included with this application will be followed during construction and any changes made shall be only after notifying the Building Code Official. That the proposed work is authorized by the owner or record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

APPLICANT: SIGNATURE _____: _____ PRINT _____ Date _____

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY

Application Received ____/____/____ Application Complete ____/____/____

Permit To:

Demolition Permit: Granted Denied

Hold For: Zoning Dept. Planning Dept. Other _____

Permit Fee: Building Department \$ _____ Total Fee \$ _____

Demolition Permit No. _____ Demolition Permit Issued: ____/____/____

Approved by: _____ Date: ____/____/____

Building Code Official

DEMOLITION PERMIT APPLICATION

STRUCTURE DEMOLITION CHECKLIST

The following certifies that all specific utilities have been removed or have been checked to certify that they are not present in the structure located at _____ and in no way will hinder any demolition process.

Demolition Company _____ Contact Person _____

Address _____ Telephone Number _____

Scheduled Starting Date _____ Scheduled Completion Date _____

Company Responsible for Removal of Debris from Site:

Company Name _____ Contact Person _____

Address _____ Telephone Number _____

Company Responsible for Filling of Foundation and Other Holes on Site:

Company Name _____ Contact Person _____

Address _____ Telephone Number _____

Fuel Company _____ Title or Position _____

Signature _____ Date _____

Electric Company _____ Title or Position _____

Signature _____ Date _____

Water Company _____ Title or Position _____

Signature _____ Date _____

Telephone Company _____ Title or Position _____

Signature _____ Date _____

Cable Television _____ Title or Position _____

Signature _____ Date _____

Asbestos Abatement _____ Title or Position _____

Signature _____ Date _____

Note: If any of the above items are not present, a demolition company agent must sign the form in that place and state that the utility is not present.