

# Town of Chichester

Office of the Building Inspector  
54 Main Street, Chichester, NH, 03258  
Office 603-798-5350

## DEMOLITION PERMIT APPLICATION

Demolition Site \_\_\_\_\_ Map & Lot \_\_\_\_\_

Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Contractor \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Asbestos Certification Provider \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Contractor No. \_\_\_\_\_

Asbestos Remediation Contractor \_\_\_\_\_

Asbestos Remediation Report YES NO

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Contractor No. \_\_\_\_\_

Work proposed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant \_\_\_\_\_

Fee paid \_\_\_\_\_ Cash \_\_\_\_\_ Ck# \_\_\_\_\_ Date / / \_\_\_\_\_