



Demolition Permit Application

Town of Farmington, New Hampshire
Code Enforcement Department
356 Main Street, Farmington, NH 03835
Telephone: (603) 755-2774

Permit Fee: \$75.00

**DEMOLITION MUST START WITHIN 30 DAYS OF
PERMIT ISSUANCE AND BE COMPLETED
WITHIN 6 MONTHS.**

OFFICE USE ONLY

Issue Date: _____

Expiration: _____

Permit #: _____

☐ Cash ☐ Check _____

Amount \$ _____

Map # _____

Lot # _____

Zoning _____

**CALL WHEN DEMOLITION IS COMPLETE - STRUCTURE WILL NOT BE
REMOVED FROM TAXES UNTIL VERIFIED**

Location of Property to be Demolished: _____

Property Owner: _____

Mailing Address: _____

Telephone: _____ Email: _____

Contractor: _____ Address: _____

Telephone: _____ Email: _____

Estimated Cost of Demolition: _____

Purpose of Demolition and size of unit(s) to be demolished: _____

Existing use of structure(s): _____

Hazardous Materials being removed: (i.e. asbestos siding, asbestos pipe insulation) _____

Utilities that need to be terminated: (i.e. electric, sewer) _____

The state has been contacted
or approved this demolition:
☐ Yes ☐ No

Property use is:
☐ Residential ☐ Commercial

City Water: ☐ Yes ☐ No

City Sewer: ☐ Yes ☐ No

The burden for compliance with all applicable building codes, city ordinances and state laws rests solely upon the property owner and his/her agent.

Applicant signature: _____ Date: _____

~~~~~ (DO NOT WRITE IN THIS SPACE) ~~~~~

PAID BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REC'D BY: \_\_\_\_\_ ☐ CASH ☐ CHECK # \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

Approved By  
Code Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By  
Tax Office: \_\_\_\_\_ Date: \_\_\_\_\_