



TOWN OF DURHAM

8 Newmarket Road, Durham, NH 03824

VOICE (603) 868-8064 • FAX (603) 868-1858 • www.ci.durham.nh.us

DEMOLITION PERMIT APPLICATION

A Copy of the Completed/Submitted Required NHDES-Air Resources Division Asbestos Demolition/Renovation Notification Form must be attached to this Permit Application. An approved Demolition Permit signed by the Durham CEO must be obtained prior to beginning any work.

DEMOLITION PERMIT # _____ MAP# _____ LOT# _____ - _____ ZONE _____

Location or Street Address _____

Owner Information (please print)

First Name _____ Last Name _____ Phone # _____ Email address _____

Mailing Address _____ City/Town _____ State & Zip _____

Contractor Information (please print)

Business Name _____

First Name _____ Last Name _____ Phone # _____ Email address _____

Mailing Address _____ City/Town _____ State & Zip _____

Demolition Permit Fee: \$50

Check # _____

Applicant Signature _____

Date _____

Certification: I hereby certify that I am the owner of record of the named property, or that the proposed work is by the owner of record and 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. In addition, if a permit for work described in this application is issued, I certify that the code official or the code 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. Activities shall not commence until the permit is issued. I acknowledge that all demolition will be done in accordance with local town and state ordinances and that compliance is the sole responsibility of the applicant. This application is made with the full knowledge of the current requirements of the regulations governing such installation, including Hazard Mitigation, AND ALL OTHER APPLICABLE REGULATIONS. (Initial that I have read the above) _____.

Approved for demolition:

Building Inspector _____ Date ____ / ____ / ____

Conditions of this Demolition permit:

~ Continue to reverse/page 2 ~

Project Information (Checkmark all that apply):

Single Family Dwelling____ Duplex Dwelling____ Apartment____ Portion/Addition____
Garage/Barn/Outbuilding____ Commercial Building____ Pool____ Mobile Home ____ Deck ____
Including Foundation? ____
Total Area of structure being demolished _____ Cost of Demolition and removal \$ _____

Description of Demolition : _____

Notice: Your permit will not be approved immediately if your project falls under the review below:

HISTORIC DEMOLITION REVIEW

The Durham Heritage Commission will, within ten business days of its receipt of a copy of the application, shall review the demolition application and issue a preliminary recommendation regarding the granting of a demolition permit. If the committee issues a recommendation in favor of the granting of such a permit, a demolition permit shall be issued. If the committee determines the building to be potentially significant, no permit shall be issued until a more thorough investigation is undertaken and a final written recommendation is provided by the committee to the Code Enforcement Officer. Investigation and recommendation shall be completed within 30 calendar days of this demolition application.



Asbestos Demolition/Renovation Notification Form

Air Resources Division/Compliance Bureau
Asbestos Management and Control Program

RSA/Rule: RSA 141-E:4, I and II and Env-A 1800



See Instructions for Completing the Asbestos Demolition/Renovation Notification Form

I. TYPE OF NOTIFICATION (Check One)

☐ New Notification
 ☐ Revised Notification
 ☐ Corrected Notification
 ☐ Cancelled Project Notification

II. PROJECT TYPE (Check All That Apply)

Fee Enclosed: \$

☐ Demolition
 ☐ Renovation
 ☐ Transport & Disposal - date:

☐ *Emergency Asbestos Abatement - Unexpected event date:

**For emergency projects, describe the sudden, unexpected event, and why immediate action is needed due to public health, safety, or economic hardship on a supplemental page. Attach any government order requiring the work.*

For Official Use, Do not write in this box

III. FACILITY INFORMATION

Facility Name

Street Address

Town/City

State

ZIP Code

Year Constructed

Size (ft²)

Number of Floors

Current Use

Prior Use

IV. INSPECTION FOR ASBESTOS-CONTAINING MATERIAL AND WORK DETAILS

Asbestos Abatement Supervisor to Perform Abatement:

Cert #: AS

Asbestos Inspection Conducted by:

Date:

Type of inspection (Check all that apply): ☐ Visual ☐ Analytical Testing; or ☐ No ACM Present

Asbestos Abatement

Demolition

Weekly Work Schedule

Start Date:

Start Date:

Days of Work:

End Date:

End Date:

Time of Day of Work: to

ACM Present/ Transport & Disposal

ACM to be Abated

List Types of Asbestos and Location in Facility

Friable

Non-Friable

Friable

Non-Friable

ft

ft

ft

ft

ft²

ft²

ft²

ft²

ft³

ft³

ft³

ft³

Briefly describe work practices to be employed. Attach additional pages if needed.

Mail or hand deliver to: NHDES Asbestos Management Section, Air Resources Division
29 Hazen Drive, PO Box 95, Concord, NH 03302-0095

December 1, 2021

Phone: (603) 271-1373

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V. PROPERTY OWNER INFORMATION			
Owner's Name			
Owner's Mailing Address	Town/City	State	ZIP Code
Owner Contact (If this is the owner, list the name of owner)			
Contact's Phone	Email (Optional)		

VI. ASBESTOS ABATEMENT CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone	Email (Optional)	

VII. DEMOLITION CONTRACTOR INFORMATION			
Company Name			
Company Mailing Address	Town/City	State	ZIP Code
Company Contact	Phone	Email (Optional)	

VIII. ASBESTOS-CONTAINING MATERIAL WASTE TRANSPORTER			
Transporter Name	Transporter Contact Name	Phone Number	
Mailing Address	Town/City	State	ZIP Code

IX. FINAL WASTE DISPOSAL FACILITY			
Facility Name	Phone Number		
Street Address	Town/City	State	ZIP Code

X. I Certify That the Above Information Is Correct			
Signature	Print Name		
Title	Date		

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