



TOWN OF DURHAM
8 NEWMARKET RD
DURHAM, NH 03824-2898
603/868-8064
www.ci.durham.nh.us

Fee: \$50

DEMOLITION PERMIT APPLICATION

Permit Number _____

A Copy of the Completed/Submitted Required NHDES-Air Resources Division Asbestos Demolition/Renovation Notification Form (REVISED 11-01-08) must be attached to this Permit Application. An approved Demolition Permit signed by the Durham CEO must be obtained prior to beginning any work.

PROJECT LOCATION

_____ Zoning Dist. _____
(Street No. & Name)

Map Number _____ Lot Number _____ Lot Dimensions _____

OWNER IDENTIFICATION

Owner _____
(Name) (Address) (Phone #)

(E-mail Address) (Cell Phone #)

Agent Only _____
(Name) (Address) (Phone #)

(E-mail Address) (Cell Phone #)

Contractor _____
(Name) (Address) (Phone #)

(E-mail Address) (Cell Phone #)

TYPE OF USE

Residential: _____ One Family
 _____ Two or more Families _____ No. of Units
 _____ Hotel/Motel _____ No. of Units
 _____ Other, Specify _____

No. of Bedrooms _____ No. of Bathrooms: Full _____ Partial _____

Nonresidential: _____ Amusement
 _____ Church
 _____ Industrial
 _____ Parking Garage
 _____ Service Station/Repair Garage
 _____ Hospital
 _____ Office, Bank, Professional
 _____ School, Library, Etc.
 _____ Other, Please Specify _____

Describe in detail existing use of building _____
Square footage _____
Occupancy Load _____

COST OF DEMOLITION _____

BULKY WASTE DISPOSAL

Blacktop, roofing materials, sheet rock, wallboard, lumber, ceramic plumbing fixtures, plastics, insulation, concrete etc.
Total amount of debris to be disposed of _____ Cubic Yards

Have the following utilities been properly disconnected and their respective owners notified and inspections performed?:

	<u>Yes</u>	<u>No</u>
Town Water	_____	_____
Town Sewer	_____	_____
Private Well	_____	_____
Private Septic	_____	_____
Gas or Propane	_____	_____
Electric	_____	_____
Cable	_____	_____
Telephone	_____	_____
Alarms	_____	_____

If No to any, please explain:

CERTIFICATION

I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating demolition or the performance of demolition.

No substantive change(s) in the project scope and accompanying plans will be made without approval of the Building Inspector.

I owner/applicant hereby agree to comply with all statutes, ordinances, codes, regulations and rules as they pertain to the exercising of this permit.

I owner/applicant hereby give permission for the Building Inspector and/or other Town employees to enter onto the property at reasonable times for purposes of assuring compliance with any permits and approvals pertaining to this demolition permit.

Signature of Contractor or Authorized Agent

Date

Signature of Owner

Date

PLEASE NOTE:

This permit becomes null and void if work or demolition authorized has not commenced within 180 days, or if demolition or work is suspended or abandoned for a period of 180 days at any time after work has commenced.

This permit is not assignable or transferable.

Asbestos Demolition/Renovation Notification Form
N.H. Department of Environmental Services – Air Resources Division
(Please see reverse side for instructions)

Waiver #: _____ New Notification: _____ or Revision: _____
(for Emergency D/R only) Fee Enclosed: \$ _____

1. Site Owner: _____ 2. Contractor: _____
Address: _____ Address: _____
Phone: _____ Phone: _____
Contact Person: _____ Contact Person: _____

3. Building Name: _____ 4. Demo () Reno ()
Address: _____ Pickup/Disposal ()
Emergency D/R ()

5. Building Description:
Bldg. Size: _____ # Floors _____ Age: _____ Current Use _____ Prior Use _____

6. Amount of ACM present: Amount to be abated:
_____ linear feet friable _____
_____ square feet friable _____
_____ linear non-friable _____
_____ square non-friable _____

7. Start Date: _____
End Date: _____
Hours of Operation: _____
Days of Operation: _____

8. Location in building of the ACM listed:

9. Site Supervisor: _____

10. Transporter & address: _____

11. Final Disposal site & address: _____

12. Nature of methods to be used: _____

13. Inspection conducted by: _____ Date: _____

14. Unusual work practices to be employed: _____

15. Authority ordering demo (if applicable): _____

16. I certify that the above information is correct: _____
Signature Date

Mail notification form and fee payment to: **Asbestos Program, NHDES-ARD**
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

Questions: (603) 271-1370, Steven Cullinane

Form Revised 11-01-08

INSTRUCTIONS

Waiver #: Indicate **Emergency** Renovation/Demolition Project number assigned by DES (271-1370).

Check whether this is a new notification or revision of a previous notification.

Fee Enclosed: Indicate the amount enclosed according to the following fee schedule. Make checks payable to **Treasurer, State of New Hampshire:**

- \$300.00 – For Class “N” Major projects involving at least 260 linear feet (lf), 160 square feet (sf), or 35 cubic feet (cf)
- \$50.00 – For Class “S” Major projects involving greater than 10 linear feet (lf), 25 square feet (sf), or 3 cubic feet (cf) but less than 260 lf, 160 sf, or 35 cf
- \$25.00 – Each Revision
- \$0.00 – Projects up to 10 lf, 25 sf, or 3 cf

1. Owner of property information.
2. Abatement contractor information (or Demolition contractor information in the case of a demolition project with no asbestos present).
3. Building name and address (for example, Jones Residence or Widgets Inc., factory).
4. Check the type of project. For Emergency Demo/Reno, obtain waiver # from DES and indicate on line provided at top of form.
5. Building description. If exact information not available, provide an estimate.
6. ACM — List known quantity of Asbestos Containing Material present in building and quantity to be abated.
7. Start and End dates of abatement work or demolition, including hours of operation and days of week.
8. Location in building of ACM to be abated, example: boiler room or 3rd floor hallway.
9. Licensed Asbestos Abatement Supervisor.
10. & 11. Transporter name and address, and final disposal site for ACM waste.
12. Brief description of work practices to be employed to comply with applicable rules and regulations, example: full containment, negative pressure, wet methods.
13. Name of inspector for demolition and large renovations where ACM isn't assumed to be present.
14. Brief description of unusual work practices, example: “dry removal around electrical gear” or “modified containment with full decon of contaminated basement.” Attach written waiver where required.
15. Government Agency, including responsible person, if an ordered demolition.
16. Certification. Provide signature of responsible person and date.