

TOWN OF GORHAM – DEMOLITION PERMIT

Date: _____

This demolition permit has been issued to:

Name

Telephone

Mailing Address

Alternate Phone

Address of DEMOLITION

Map #

Lot #

Permit #

In accordance with all applicable rules and regulations of the State of New Hampshire Department of Environmental Services and the Town of Gorham this permit is issued for the purpose of:

Contractor's Name (print)

Telephone

Contractor's Address

I hereby certify that all information is true and complete to the best of my knowledge; that all work for which this permit is issued will comply with all pertinent Town and State of NH Ordinances and Regulations; that all debris will be disposed of in an appropriate licensed landfill; and, that all utility companies serving the DEMOLITION site and property abutters have been notified. **(Applicant: Please attach a list of all utility companies and abutters names and addresses).**

Signature of Applicant

Date

Signature of Building Official

Date