



**Town of Henniker**

18 Depot Hill Road  
Henniker, NH 03242  
Phone (603) 428-3221 / Fax (603) 428-4366  
www.henniker.org

Assigned Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

**DEMOLITION PERMIT APPLICATION**

<b>STREET ADDRESS OF PROJECT:</b>	<b>MAP:</b>	<b>LOT:</b>
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PROJECT TYPE (check one)	
RESIDENTIAL	ANY RESIDENTIAL DEMOLITION PROJECT- \$50.00
COMMERCIAL	ANY COMMERCIAL DEMOLITION PROJECT- \$100.00

PROPERTY OWNER(S)	
NAME:	PHONE:
ADDRESS:	
EMAIL ADDRESS:	

DEMOLITION CONTRACTOR	
NAME:	PHONE:
COMPANY NAME:	
ADDRESS:	
EMAIL ADDRESS:	

DEMOLITION & DISPOSAL SCHEDULE
Describe the location, size and type of all structures to be demolished. Attach diagram if necessary.
Describe the most recent use and purpose of each structure that will be demolished.
Is there a fire suppression (sprinkler) system in any building that will be demolished?
Describe the method that will be used for the demolition and the disposal plan to remove the materials from property.

**DEMOLITION PERMIT CONTINUED**

**Disconnecting Public Water & Sewer:** If this lot is on town (public) water or sewer, please contact each superintendent and check the following:

<input type="checkbox"/>	Check here if not applicable (i.e. private septic/well)
<input type="checkbox"/>	I have been in contact with Wastewater for approval of the proposed demo project. (603) 428-7215
<input type="checkbox"/>	I have been in contact with Cogswell Springs Water for approval of the proposed demo project (603) 428-3237

**APPLICANT'S CERTIFICATION**

I hereby certify that I am the owner of record of the named property or that I have been authorized by the owner to make this application as their authorized agent (a signed authorization letter from the owner must accompany this permit application) and agree to conform to all applicable local, state & federal laws & codes for this project. I certify that the Building Inspector/Code Enforcement officer or the Town's authorized representative shall have the authority to enter areas covered by such permit at a 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/Code Enforcement Officer.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DEMOLITION PERMIT APPROVALS:**

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

Planner: \_\_\_\_\_ Date: \_\_\_\_\_

CSWW Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Wastewater Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_