



TOWN OF EATON
Office of the Selectmen
PO Box 88
Eaton, NH 03832
(603) 447-2840

DEMOLITION PERMIT APPLICATION

Date of Application: _____

Property Owner(s)	Tax Map _____	Lot _____
Name(s) _____		
Property Address _____		
Mailing Address _____		
Phone Number _____ Email _____		
<i>I hereby agree that the Assessor and Building Inspector and their authorized agents have the authority to inspect the premises at any time.</i>		
Applicant's Signature: _____		
Note: <i>If your structure was built prior to 1970, it may contain asbestos. Please go to the NH Department of Environmental Services website for Inspection & Notification requirements.</i>		

Description of Structure being demolished: _____ _____
Name & Contact Info for Contractor: _____ _____

Demolition Permit Fee: Under 100 sf \$10 – Over 100 sf \$50
Paid: Cash _____ or Check # _____
Permit # _____ Date Issued: _____
Comments: _____
Approved By:
Selectman Signature: _____
Selectman Signature: _____
Selectman Signature: _____