

Town of Nottingham
P.O. Box 114
Nottingham NH 03290

Code Administration



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DEMOLITION PERMIT APPLICATION

Tax Map: _____ Lot: _____ Sub-Lot: _____ Zoning District: _____

Location (Street Name & Number): _____

Owner: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Contractor: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

DESCRIPTION – PURPOSE OF DEMOLITION AND SIZE OF STRUCTURE TO BE DEMOLISHED:

EXISTING USE OF STRUCTURE: _____

LIST OF HAZARDOUS MATERIALS EING REMOVED: (i.e. asbestos, lead paint)

Signature: _____ Date: _____

-----OFFICE USE ONLY-----

Fee: _____ Check #: _____ Permit #: _____

Approved by: _____ Date: _____