

Town of Effingham
Building Permit Application – FOR DEMOLITION

A fee of \$50 must accompany this application - Payable to: Town of Effingham

Fee paid []

(date received)

Property Owner(s): _____ Telephone: _____

Mailing Address: _____ Zip: _____

Email Address: _____

The undersigned hereby requests permission for the described building or structure demolition in this application and attached documents. Permit is void in the event of misrepresentation and/or non-compliance with any applicable State and Town laws and regulations.

I authorize the Town of Effingham to enter my property to review the specifics of this application.

I understand that the Town of Effingham reserves the right to take up to 30 days to make a decision on this application.

Signature of Applicant

Date

Section 103 of the Effingham Zoning Ordinance states:

No structure shall be constructed, erected, placed, or altered and no land use commenced or continued within the Town of Effingham except as specifically or by necessary implication authorized by this Ordinance and having first secured a Building Permit from the Enforcement Officer.

Property Information

Project Location: Tax Map # _____ Lot # _____ Lot Size _____ District _____

Street name and address of project location: _____

Please describe the proposed work. **You must include the dimensions of the structure(s) to be removed** _____

Contractor Name: _____ Telephone# _____

Contractor Address: _____

License # _____

Please provide the following: Lot Frontage _____ Front Setback _____ Rear Setback _____ Side Setbacks #1 _____ #2 _____

(Lot frontage is your road frontage. Setback is the number of feet from this application's project to your property line)

On the attached grid, or your own plans, show your lot, the road and driveway and indicate which building(s) are to be removed.

Please read and sign the following statement if you, as owner, designate an agent (co-applicant) to act on your behalf.

I designate the person listed below as my agent for the purpose of procuring a Driveway Permit.

Representations made by my agent may be accepted as though made by me personally.

I understand that I am bound by any official decision made on the basis of such representations.

Agent Name: _____ Telephone# _____ Email _____

Agent Address: _____

Owner's Signature(s) _____ Date _____

Mail completed form to: ZEO, Town of Effingham, 68 School Street, Effingham, NH 03882 or deliver it to the Town Office

Office use only

Date of Site Visit _____ Reviewed file [] Date Application Approved _____ Date Application Denied _____

Reason for denial _____

Article _____ **Section** _____ Special exception required _____ Variance required _____

Additional Permits or Approvals Required _____

Signature of authorized official _____ (stamp) _____