

**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) \_\_\_\_\_