

Town of New Castle, New Hampshire

Code Enforcement Office



49 Main Street, PO Box 367
New Castle, NH 03854-0367
Telephone (603) 431-6710 x15 Fax (603) 433-6198
Email: Buildinginspector@newcastlenh.org

Instructions for applying for a Demolition Permit

No Demolition Permit for any building or structure on any lot shall be issued except to the owner of record or his authorized agent.

Any application for such a permit shall be accompanied by, but not necessarily limited to the following documents as required.

1. \$50.00 Permit Fee submitted with the application
2. Copy of the deed for the property
3. If other than property owner applying for the permit, a signed letter of authorization is required
4. A completed Demolition Permit Application
5. Mechanical, Plumbing and Electrical Permits issued with Demolition Permit if applicable
6. Release from any utilities as required
7. Compliance with ENV-A 1804.01 and ENV-A 1803.01 (see last page)

All Permit Applications will be reviewed and issued within thirty (30) days of submittal of a complete packet of information. All permits are subject to appeal or revocation for thirty (30) days after issuance. Commencement of work within the thirty (30) day period shall be at the risk of the permit holder/property owner.

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Issue Date: _____
Permit#: _____
Map: _____
Lot: _____
Zone: _____

Demolition Permit Application

Email Address: _____

Owner Information

Name: _____
Address: _____
Phone #: _____

Contractor Information

Name: _____
Address: _____
Email Address: _____
Cell #: _____

Overlay Zoning District:

- ☐ Wetland Conservation Commission
☐ Historic District
☐ Floodplain Development District

Asbestos Confirmation:

- ☐ Pre-demolition/Renovation Inspection
(1803.01)
☐ Notification of Asbestos Abatement and
Demolition work (1803.03)

Occupancy/Use Information:

- ☐ Residential
☐ Residential /Seasonal Only
☐ Accessory/Storage
☐ Commercial/Industrial
☐ Business
☐ Mixed Use
☐ Institutional/Assembly
☐ Other: _____

Building Demolition Information:

Living Space: _____ Sq Ft.
Non-Living Space: _____ Sq Ft.
Porches, Decks, Shed: _____ Sq Ft.

Other Permits or Utility Releases Required:

- ☐ Electric Approved: _____ ☐ Electrical – Temporary/Permanent
☐ Gas Approved: _____ ☐ Plumbing
☐ Telephone Approved: _____ ☐ Mechanical / Gas
☐ Wetlands Approved: _____ ☐ Historic Commission

For Office Use Only

Please initial and date after review

Building Inspector

Date

Fire Chief

Date

****PRIOR TO ISSUANCE OF A DEMOLITION PERMIT, COMPLIANCE WITH ENV-A 1804.01 AND ENV-A 1803.01 MUST BE MET AND SIGNED BELOW**

Pre-Demolition/Renovation Inspection. Env-A 1804.01 requires that a thorough inspection be conducted for the presence of asbestos containing building materials (ACBM), prior to any demolition or renovation, in the affected portions of the structure. The inspection must be conducted by a person who has received specific training and is qualified in the identification of ACBM. A current list of qualified inspectors can be obtained by calling 603-271-1370, or from the NHDES website at <http://des.nh.gov/organization/divisions/air/cb/ceps/ams/index.htm>.

Env-A 1804.01 - Asbestos Inspection Signature: _____

Printed: _____

Notification of Asbestos Abatement and Demolition Work. Env-A 1803.03 requires the owner or operator to submit written notification to the NHDES Air Resources Division, and the local health officer, at least ten (10) working days before any demolition activity occurs, **regardless of the amount of asbestos present**, if any.

Env-A 1803.01 also requires the owner or operator to submit written notification ten (10) working days prior any asbestos abatement activity conducted as part of a renovation or demolition, if it involves greater than 10 linear feet, or 25 square feet of ACBM. A fee may be required depending on the amount of asbestos being removed. Notification forms can be obtained by calling 603-271-1370, or from the NHDES website <http://des.nh.gov/organization/divisions/air/cb/ceps/ams/index.htm>.

Env-A 1803.03 - Asbestos Abatement Signature: _____

Printed: _____