

Town of Dublin 1120 Main Street Dublin, NH 03444

DEMOLITION PERMIT

WHATOSHI	Date Received:	
TAMI	Map & Lot #:	
	Permit #:	
	Fee: \$50.00 Paid: □	
	Please note that Fees are Nonrefunda	ble
Please print in ink or type all information		
Owner's Name and Mailing Address:		
JWHEI S Name and Mailing Address		
Property Location (# & Street):		
□ Posidential □ Common	cial □ Industrial □ Other	
****Permit must be obtained before work is sta		dv for
	ection****	.y .c.
Describe work to be performed:		
Disposal of Demolition Residue: The Dubl	in Recycling Center (DRC) does accept small	
demolition waste for a fee from small DIY projects,		done
wastes are accepted, including asbestos. Any wast	•	uous
contractor or under contract will not be accepted a	it the DCR.	
Demolition Residue will be disposed of as follows:		
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		-
Name:		
Company Name and Address:		
	Phone #:	
	FIIOHE #	
Signature:	Date:	
		_
	_	
Approval/Signature:	Date:	

(Michael Borden, Building Inspector)
Office: 603-563-8544 Cell:603-547-0437