



Town of Dublin
1120 Main Street
Dublin, NH 03444

Stone Wall Removal, Alteration or Relocation Application

Date Received: _____

Stone Wall Policy (Adopted at March 12, 1988 Town Meeting—Article 31)

No person shall deface, alter the location of, or remove any stone wall which was made for the purpose of marking the boundaries of, or which borders any road in the Town of Dublin, except upon the written consent of the Board of Selectmen

Map & Lot #: _____

Application #: _____

Fee: \$50 Paid: ☐

Please note that Fees are Nonrefundable

Please print in ink or type all information

Owner's Name and Mailing Address: _____

_____ Phone: _____

Applicant Name, if different than Owner _____ Phone: _____

Contractor Name: _____ Phone: _____

Proposed Scope of Work: _____

Attach a sketch showing location and other relevant information on the
changes to the stone wall.

Signature: _____ Date: _____

Approval/Signature: _____ Date: _____

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