

TOWN OF WOLFEBORO
RAZE PERMIT APPLICATION
 CODE ENFORCEMENT 569-5970 www.wolfeboronh.us

Permit Fee: \$ _____ Permit Number _____ Date Received Stamp: _____

Property Information: Zoning District _____ Tax Map #: _____

Physical Location of project : _____
 Street name & number (or description)

Owner Information: Email: _____ @ _____

Name _____ Telephone #: _____

Legal Mailing Address: _____
 Street or PO Box Town/City State Zip

The undersigned hereby applies for permission to make building improvements as described in this application and attached documentation. All construction to be completed in accordance with the Wolfeboro Planning and Zoning Ordinance, Local & State Building Codes, and all applicable regulations.

 Signature of Owner Date: _____ 20____

Owner's Agent (letter of authorization required):

Signature of Owner's Agent _____ Date: _____ 20____

Print Name _____ Telephone #: _____

Mailing Address: _____
 Street or PO Box Town/City State Zip

Submittals Required: <input type="checkbox"/> <i>Site plan with structure identified</i> <input type="checkbox"/> <i>DES results if required</i>	Office use only: DATE APPLICATION COMPLETED
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Disposal of Debris Strategy : _____

Approval:

 Building Official Date of Approval

Zoning	Fire/Rescue	Municipal Electric	Public Works	Building Department