



TOWN OF HAMPDEN

CODE ENFORCEMENT Demolition Permit Application

APPLICATION DATE: ___ / ___ / ___

For Office Use Only

Allow up to 14 business days for processing

Applicant's Name: _____

Telephone Numbers:

Mailing Address: _____

Home: _____

Cell: _____

Email: _____

Is the applicant also the property owner? YES NO (If no, complete owner information below)

Owner(s) Name: _____

Telephone Numbers:

Mailing Address: _____

Home: _____

Cell: _____

Email: _____

Contractor Name: _____

Telephone Numbers:

Mailing Address: _____

Home: _____

Cell: _____

Email: _____

Street Number: _____ **Street Name:** _____

Tax Map: _____ **Lot:** _____ - _____ **Zoning District(S):** _____

Expected Total Demolition Cost: \$ _____

DEMOLITION DESCRIPTION

Describe your proposed DEMOLITION and plan for demo debris removal from site:

Before Demolition is performed on any buildings, Maine DEP FORM D, Asbestos Building Demolition Notification, must be completed for all buildings regardless of Construction Date, except single-family homes and residential buildings with 2-4 units built after 1980. A Maine DEP permit/consultant may be required.

If Lead abatement is predicted Maine DEP must be notified prior to any demolition. A Maine DEP permit/consultant may be required.

Plot Plan (REQUIRED)

IF YOUR PROJECT INVOLVES A LOT IN A SUBDIVISION PLEASE ASK FOR COPY OF PLOT PLAN. Plan should be drawn to scale. Be as detailed as possible showing fence placement. Include all existing and proposed structures, wells, septic areas, driveways, etc. Also include setbacks of structures from each other and property lines.

Front (Street Right-of Way) Lot Line

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to Make this application as his/her authorized agent. **We also agree to follow any other laws or rules of the Town of Hampden or the State of Maine. I also hereby attest that the provided drawing and dimensions on the above page are correct to the best of my knowledge.**

DEMOLITION PERMITS EXPIRE IF THE WORK OR CHANGE IS NOT COMMENCED WITHIN SIX (6) MONTHS OF THE DATE ON WHICH THE PERMIT IS GRANTED, OR IF THE WORK OR CHANGE IS NOT SUBSTANTIALLY COMPLETED WITHIN TWO (2) YEARS OF THE DATE ON WHICH THE PERMIT IS GRANTED.

Applicant Signature _____ Date ____ / ____ / ____

Signature of Owner _____ Date ____ / ____ / ____

For office use only below

Demolition Permit Fee: per Fees Ordinance Permit #: _____

TRIO Account #: _____ Payment Type: Cash Check Money Order Debit Card

Check or Money Order #: _____ Town Receipt #: _____ Received by: _____