



**TOWNSHIP OF HARDING
BOARD OF HEALTH
DEMOLITION OF A BUILDING
FEE: \$275.00**

21 Blue Mill Road, P.O. Box 666
New Vernon, New Jersey 07976
(973) 267-8000 Ext. 715

SITE INFORMATION:

OWNER: _____ BLOCK: _____ LOT: _____

PROPERTY ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ EMAIL: _____

CURRENT OCCUPANT (If different than the owner): _____

PHONE: _____ EMAIL: _____

PROJECT INFORMATION:

Briefly describe the building or structure to be demolished, including location and approximate size:

Project Engineer: _____

Address: _____

Phone: _____ Email: _____

Project Architect: _____

Address: _____

Phone: _____ Email: _____

Project Contractor: _____

Address: _____

Phone: _____ Email: _____

PROJECT INFORMATION-continued:

The following information must be provided with the permit application:

<p>Will there be any removal or demolition of existing buildings or structures? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, the following information may be required, as applicable:</p> <p>Extermination: A letter from a licensed exterminator indicating the type of infestation (none detected, wood destroying insect, rodent or other), the type and date of treatment, certification of completion.</p> <p style="text-align: center;">Examples:</p> <p>No wood destroying insects were found or wood destroying insects were found and the following treatment was used:</p> <p style="text-align: center;">or</p> <p>Rodent bait was placed on mm/dd/yyyy and retrieved on mm/dd/yyyy.</p> <p>Public Water Disconnect: A letter from the public water supply indicating the disconnection of the water has been completed.</p>

REQUIREMENTS:

Note: The Health Department may have some of this information, check the files.

<input type="checkbox"/>	The locations of all permanent improvements including, but not limited to: driveways, house foundations, pools, out-buildings, deck, underground storage tanks; underground drainage lines and underground utilities.
<input type="checkbox"/>	Lot boundaries and location of neighboring or adjacent septic systems and wells.
<input type="checkbox"/>	The specific location (as-built, not as-planned) of the site's septic system components including the septic tanks, lines, D-box, laterals, curtain drains, etc. Indicate on plan, the method of determining the location.
<input type="checkbox"/>	The specific location of the site's well.
<input type="checkbox"/>	The specific location(s) of roof drainage seepage pits.
<input type="checkbox"/>	Proposed construction access waters.
<input type="checkbox"/>	Streams, ponds, or other surface water.

ARCHITECTURAL PLAN MUST SHOW:

<input type="checkbox"/>	Architectural or design plan for <i>entire</i> structure, including all floors and rooms.
<input type="checkbox"/>	Plans must include current conditions on all floors and for all rooms as well as proposed work.
<input type="checkbox"/>	Proposed work, demolition and changes must be highlighted or otherwise called out.

APPLICANT NAME

APPLICANT SIGNATURE

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FOR DEPARTMENT USE ONLY

DATE RECEIVED: _____ TIME RECEIVED: _____ RECEIPT NO.: _____

