



Community Development Code Division

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GORHAM MUNICIPAL CENTER, 75 South Street, Gorham, ME 04038

Tel: 207-222-1605

| | | | |
|---|------------------------|--|----------------------------|
| APPLICATION: DEMOLITION PERMIT | PERMIT FEES | <input type="checkbox"/> Less than 250 sq. feet - \$50.00 | DATE: _____ |
| | | <input type="checkbox"/> Residential Structures - \$100.00 | FEE PAID _____ |
| | | <input type="checkbox"/> Commercial/Industrial Structure – \$150.00 | PERMIT# DEMO- _____ |

Demolition means the tearing down or intentional burning of a building or part of a building and includes any institutional, commercial, public, industrial, or residential building.

| | | | | | | |
|--|--|--|------------|---|--------------------|--|
| PROPERTY DESCRIPTION | MAP | | LOT | | LOT SIZE | |
| | LOCATION OF DEMOLITION PROJECT: | | | | | |
| PROPERTY OWNER'S INFORMATION | Name | | | | Mailing Address | |
| | Phone | | | | | |
| | Fax | | | | | |
| | Email | | | | | |
| DEMOLITION CONTRACTOR'S INFORMATION | Name | | | | Mailing Address | |
| | Phone | | | | | |
| | Fax | | | | | |
| | Email | | | | | |
| PROJECT DESCRIPTION | | | | | | |
| DISPOSAL SITE | LOCATION OF DISPOSAL SITE: | | | | | |
| EXPECTED START DATE | | | | EXPECTED COMPLETION DATE | | |

Prior to demolition, Maine Law requires that buildings be inspected for asbestos, and that asbestos-containing materials be removed from said building(s). Inspection and/or removal of more than 3 square feet or 3 linear feet of asbestos-containing materials must be performed by an asbestos firm licensed by the Maine Department of Environmental Protection.

| | |
|--------------------------|-------------|
| SIGNED: _____ | DATE: _____ |
| Owner/Authorized Agent | |
| APPROVED: _____ | DATE: _____ |
| Code Enforcement Officer | |

DEMOLITION PERMIT APPLICATION

SINGLE FAMILY HOMES EXEMPT FROM THIS SECTION

ASBESTOS MATERIALS INFORMATION

PLEASE ANSWER THE FOLLOWING:

1. Has the building been inspected by a Maine DEP licensed asbestos consultant? ☐ Yes ☐ No
IF YES, PLEASE SUPPLY THE FOLLOWING INFORMATION AND A COPY OF THE CONSULTANT'S REPORT.

| | | | | |
|--|--------|--|--------------------|--|
| ASBESTOS CONSULTANT INFORMATION | Name | | Mailing Address | |
| | Phone | | | |
| | Cell: | | | |
| | Email: | | | |

2. If asbestos was found, has a 10-day notification been sent to Maine DEP? ☐ Yes ☐ No
IF YES, PLEASE SUPPLY A COPY OF THAT NOTIFICATION WITH THIS APPLICATION

3. Has the asbestos (if any) been removed by a Maine DEP Licensed asbestos contractor? ☐ Yes ☐ No
IF YES, PLEASE SUPPLY THE FOLLOWING INFORMATION AND A COPY OF THE CONTRACTOR'S REPORT.

| | | | | |
|--|--------|--|--------------------|--|
| ASBESTOS ABATEMENT CONTRACTOR INFORMATION | Name | | Mailing Address | |
| | Phone | | | |
| | Cell: | | | |
| | Email: | | | |

NO PERMIT WILL BE ISSUED IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS NO.

A copy of this form will be forwarded to the Maine DEP Asbestos/Lead Unit. They can be reached by calling: 287-7688 or faxing: 287-7826.

THIS PERMIT APPLICATION DOES NOT PRECLUDE THE APPLICANT FROM MEETING APPLICABLE STATE AND FEDERAL RULES.

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. AS THEIR AGENT, I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF THIS PERMIT IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR HIS REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER ALL AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR FOR THE PURPOSED OF INSPECTING SAID WORK.