

TOWN OF SWANZEY

(revised 2/28/12)

P.O. BOX 10009
SWANZEY, NH 03446-0009
(603) 352-7411 ext 105

APPLICATION FOR BUILDING PERMIT

LOCATION _____ MAP _____ LOT _____ ZONE _____ FLOOD ZONE _____ PROT. SHORELINE _____

OWNER (S) _____ PHONE _____ E-MAIL _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR _____ PHONE _____ E-MAIL _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

IS THIS APPLICATION FOR ADDITIONAL WORK UNDER AN EXISTING PERMIT? _____ IF SO PERMIT # _____

TYPE: NEW ___ ADDITION ___ REMODEL ___ REPAIR ___ DEMO ___ RESIDENTIAL ___ COMMERCIAL ___ AGRICULTURE ___

PLUMBING CONTRACTOR: _____ ADDRESS _____ PHONE: _____
NH M LIC # _____

ELECTRICAL CONTACTOR: _____ ADDRESS _____ PHONE: _____
NH M LIC # _____

EXISTING OR PENDING VARIANCES, SPECIAL EXEPTIONS OR PLANNING BOARD APPROVALS FOR THIS PROJECT? _____ IF YES EXPLAIN

PROPOSED USE : _____ TOTAL SQ. FT. ALL CONST. _____ EST. VALUE \$ _____

PROJECT DESCRIPTION:

TYPE OF FOUNDATION _____ HEATING SYSTEM _____ DRILLED WELL _____ OTHER STRUCTURES _____

SWANZEY DRIVEWAY PERMIT # _____ NHDOT DRIVEWAY PERMIT# _____ SEPTIC APPROVAL # _____ # _____ BEDROOMS

IS PROPERTY IN CURRENT USE? _____ TREE CUTTING ? _____ INTENT TO CUT FILED (RSA 79:10) _____

ENERGY CERTIFICATION# _____ IF APPLICABLE: SWQPA# _____ OTHER PERMITS: _____

REQUIRED WITH THIS APPLICATION: DRIVEWAY PERMIT ISSUED BY THE SWANZEY PUBLIC WORKS DIRECTOR AND/ OR NHDOT :
NHPUC ENERGY CERTIFICATION: BUILDABLE PLANS: PLOT PLAN SHOWING BUILDING FOOTPRINT & DISTANCES TO BOUNDRIES
NHDES SEPTIC SYSTEM APPROVAL FOR CONSTRUCTION PERMIT WHEN REQUIRED.

I hereby certify that I have read and examined this document and know the same to be true and correct. All provisions of the laws and ordinances of the State of New Hampshire and The Town of Swanzeay governing this work will be complied with and whether specified herein or not. I further certify that I am the owner or the owner's authorized agent and that the proposed work is authorized by the owner. I understand that work shall not begin until the permit is issued by this department, and that I AM RESPONSIBLE FOR CALLING FOR ALL REQUIRED INSPECTIONS, THAT THE WORK SHALL BE ACCESSIBLE FOR INSPECTION, THAT A FINAL INSPECTION, APPROVAL AND CERTIFICATE OF OCCUPANCY/ COMPLETION IS REQUIRED PRIOR TO OCCUPYING THIS BUILDING OR SPACE.

The applicant also hereby certifies that the number of bedrooms will not exceed the number of bedrooms approved by the NHDES approval or not to exceed the number of bedrooms in an existing building with a predated septic system.

Fees are not refundable. This permit application is only for the work described above. This permit will expire one year after the date of issue and may be renewed if the work has been started, the renewal fee has been paid and the renewal has been approved by the Code Official.

The applicant hereby grants permission for the Code Enforcement Officer / Building Inspector, Health Officer or other agency at the direction of the Code Enforcement Officer to enter upon the above described property as needed to perform their duties until a certificate of occupancy is issued.

APPLICANT SIGNATURE _____ DATE _____

PLEASE PRINT _____ TITLE _____