

**Town of Salem, New Hampshire**

**BUILDING PERMIT APPLICATION**

Town Hall, 33 Geremonty Drive

Date \_\_\_\_\_ Permit # \_\_\_\_\_

Salem, New Hampshire 03079 603-890-2020

Map \_\_\_\_\_ Lot \_\_\_\_\_ Unit# \_\_\_\_\_

**Permitting Hours** Monday through Friday

**ADDRESS** \_\_\_\_\_

Please submit during our permitting hour: 8:30-9:30am [www.townofsalemnh.org](http://www.townofsalemnh.org) (application valid for 60 days)

NAME OF OCCUPANT \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME OF OWNER \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

CONTRACTOR'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**Impact fees are due prior to occupancy: New Dwelling \$ \_\_\_\_\_ Road Improvement \$ \_\_\_\_\_**

**Assessment fees for water and sewer are due prior to occupancy \$ \_\_\_\_\_**

**Zone** \_\_\_\_\_ **SET BACKS: Front** \_\_\_\_\_ **Side (L)** \_\_\_\_\_ **Side (R)** \_\_\_\_\_ **Rear** \_\_\_\_\_ **Corner Lot** \_\_\_\_\_

Variance required? Yes  No  Floodplain? Yes  No  Wetlands? Yes  No  Historic District? Yes  No

Town Water  Town Sewer  Private Well  Private Septic  **Fire Sprinklers? Yes  No**

| <i>RESIDENTIAL</i>  | <i>COMMERCIAL</i>  | <i>MISCELLANEOUS</i>                          |
|---|--|---|
| <input type="checkbox"/> Single Family (E,P,H, F)         | <input type="checkbox"/> New Commercial (E,P,F,H)        | <input type="checkbox"/> Sign (P)             |
| <input type="checkbox"/> Apartment (E,P,H)                | <input type="checkbox"/> Commercial Foundation (E,P,F,H) | <input type="checkbox"/> Shed                 |
| <input type="checkbox"/> Residential Add./Alt. (E,H)      | <input type="checkbox"/> Add./Alt. (E,P,F,H, ENV)        | <input type="checkbox"/> Pool (E,H)           |
| <input type="checkbox"/> Residential Raze (E,H,ENV,UTIL)  | <input type="checkbox"/> Municipal Add./Alt. (E,P,F,H)   | <input type="checkbox"/> Repair               |
| <input type="checkbox"/> Manufactured Raze(E,H,PTM*,UTIL) | <input type="checkbox"/> Hotel/Motel (E,P,F,H)           | <input type="checkbox"/> Deck (E,H)           |
| <input type="checkbox"/> Manufactured Home (E, H, F)      | <input type="checkbox"/> Multi-Family (E,P,F,H)          | <input type="checkbox"/> Casual Sales(P,F)    |
| <input type="checkbox"/> Residential Garage (E,H)         | <input type="checkbox"/> Commercial Raze (E,P,F,ENV)     | <input type="checkbox"/> Renew Permit (E,P,H) |
| <input type="checkbox"/> Residential Foundation(E,P,H)    | <input type="checkbox"/> Change of Use (E,P,F,H)         | <input type="checkbox"/> MECHANICAL           |
| <input type="checkbox"/> Shoreland CSPA (E,P,H)           | <input type="checkbox"/> Change of Occupant (E,P,F,H)    | <input type="checkbox"/> _____                |

**E=Engineering P=Planning F=Fire H=Health ENV=Enviro. Survey**

**\*\*Residential Addition & Alteration require smoke and carbon monoxide alarms to be upgraded\*\*(IRC 314/ 315)**

**\*\*Existing Residential Fire Sprinklers shall be extended into additions/alterations\*\***

**\*PTM=Permit to Move \_\_\_\_\_ UTILITY \_\_\_\_\_ (letter of permission from Liberty Utilities**

**\*\*\*PLANS ARE REQUIRED TO BE SUBMITTED\*\*\***

Estimated Value: \_\_\_\_\_ Dig Safe \_\_\_\_\_ Fee: \_\_\_\_\_

Work Description and Uses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Departmental Releases:**

Town Planner (P) \_\_\_\_\_

Town Engineer (E) \_\_\_\_\_

Fire Marshal (F) \_\_\_\_\_

Health Officer (H) \_\_\_\_\_

Variance Sign Off \_\_\_\_\_

I (print name) \_\_\_\_\_ agree to meet all requirements of the applicable building codes & zoning ordinances & will not backfill or cover any work until inspections have been done and the installations are approved.

Signature of Applicant \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Building Official \_\_\_\_\_

**COMPLETE BOTH SIDES**

## SQUARE FEET OF FINISHED AREA

| Area Description   | Calculations | Total | Cost<br><small>Bldg Dpt Only</small> |
|--------------------|--------------|-------|--------------------------------------|
| First floor        |              |       |                                      |
|                    |              |       |                                      |
| Second floor       |              |       |                                      |
|                    |              |       |                                      |
| Above second floor |              |       |                                      |
| Basement           |              |       |                                      |
| Garages            |              |       |                                      |
|                    |              |       |                                      |

## SQUARE FEET OF UNFINISHED AREA

| Area Description   | Calculations | Total | Cost<br><small>Bldg Dpt Only</small> |
|--------------------|--------------|-------|--------------------------------------|
| First Floor        |              |       |                                      |
| Second Floor       |              |       |                                      |
| Above Second Floor |              |       |                                      |
| Basement           |              |       |                                      |
| Garages            |              |       |                                      |
| Decks              |              |       |                                      |
|                    |              |       |                                      |
|                    |              |       |                                      |

### Work Description and Uses (for Building Official Only)