



**TOWN OF SALEM FIRE DEPARTMENT
INSPECTIONAL SERVICES
BUILDING SAFETY
33 GEREMONTY DRIVE
SALEM, NEW HAMPSHIRE 03079
603-890-2020 FAX 603-898-1223**

GENERAL SAFETY INSPECTION/CHANGE OF OCCUPANT

A NEW OCCUPANT OF ANY COMMERCIAL BUILDING WILL REQUIRE:

1. **BUILDING PERMIT APPLICATION** (available on web site Townofsalemnh.org. Applications accepted 8:30-9:30**)
 - LETTER FROM PROPERTY OWNER OR MANAGEMENT COMPANY ALLOWING THE MODIFICATION/ACKNOWLEDGEMENT OF THE NEW TENANT
 - SITE PLAN OF YOUR UNIT LOCATION WITHIN THE STRUCTURE
 - DIAGRAM OF YOUR UNIT INDICATING THE LAYOUT OF YOUR UNIT
 - A SIGN PERMIT APPLICATION

IF THERE IS NO ALTERATION – COST IS \$75 FOR CHANGE OF OCCUPANT

IF THERE IS ALTERATION – COST IS BASED ON ESTIMATED VALUE OF CONSTRUCTION AT \$12 PER \$1,000, MINIMUM OF \$150

- COPIES OF CONTRACT REQUIRED (or appropriate estimate decided by Building Inspector)
- TWO FULL SETS OF PLANS THAT INCLUDE CODE REVIEW AND CODE ANALYSIS
- ELECTRICAL, PLUMBING, GAS PERMITS (IF APPLICABLE)

2. **CERTIFICATE OF OCCUPANCY**

- APPLICATION IS REQUIRED
- INSPECTION REQUIRED BY BUILDING & FIRE INSPECTORS
 - MAY ALSO REQUIRE INSPECTIONS BY THE FOLLOWING:
 - ELECTRIC
 - PLUMBING
 - GAS
 - HEALTH - THE FOLLOWING LICENSES MAY BE REQUIRED:
 - FOOD
 - MASSAGE
 - BODY ART
 - WATER TEST IF ON WELL

Effective 01/01/2017

Prr/Forms/general safety

Updated 2021-03

Town of Salem, New Hampshire

Town Hall, 33 Geremonty Drive

Salem, New Hampshire 03079 603-890-2020

Date _____ Permit # _____

Map _____ Lot _____ Unit# _____

Permitting Hours Monday through Friday**ADDRESS** _____

Please submit during our permitting hour: 8:30-9:30am

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 ☐**RESIDENTIAL**

- ☐ Single Family (E,P,H, F)
- ☐ Apartment (E,P,H)
- ☐ Residential Add./Alt. (E,H)
- ☐ Residential Raze (E,H,ENV,UTIL)
- ☐ Manufactured Raze (E,H,PTM*,UTIL)
- ☐ Manufactured Home (E, H, F)
- ☐ Residential Garage (E,H)
- ☐ Residential Foundation (E,P,H)
- ☐ Shoreland CSPA (E,P,H)

COMMERCIAL

- ☐ New Commercial (E,P,F,H)
- ☐ Commercial Foundation (E,P,F,H)
- ☐ Add./Alt. (E,P,F,H, ENV)
- ☐ Municipal Add./Alt. (E,P,F,H)
- ☐ Hotel/Motel (E,P,F,H)
- ☐ Multi-Family (E,P,F,H)
- ☐ Commercial Raze (E,P,F,ENV)
- ☐ Change of Use (E,P,F,H)
- ☐ Change of Occupant (E,P,F,H)

MISCELLANEOUS

- ☐ Sign (P)
- ☐ Shed
- ☐ Pool (E,H)
- ☐ Repair
- ☐ Deck (E,H)
- ☐ Casual Sales (P,F)
- ☐ Renew Permit (E,P,H)
- ☐ MECHANICAL
- ☐

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) _____

Health Officer (H) _____

Town Engineer (E) _____

Variance Sign Off _____

Fire Marshal (F) _____

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

Town of Salem

Town Hall, 33 Geremonty Drive, Salem, NH 03079

Telephone: 603-890-2080 Fax: 603-898-1223

See Sign Ordinance at www.townofsalemnh.org

Application for Sign Permit

(This is not a Sign Permit)

NOTE: Permits are issued 8:30-9:30am

DATE _____ PERMIT # _____
STREET ADDRESS OF SIGN: _____
NAME OF BUSINESS _____
PHONE # _____
MAP _____ LOT _____ UNIT _____ ZONE _____
SIGN COMPANY: NAME _____
ADDRESS _____
PHONE # _____
HISTORIC DISTRICT? _____ PERMISSION FROM PROPERTY OWNER? _____
DOES SIGN COMPLY WITH OR REQUIRE APPROVAL FROM PLANNING BOARD? _____

Check applicable description and note #, dimensions, and sf of sign:

- ☐ Face change (copy change only; same size and location) _____
☐ Temporary signs: (note dates; 14 days max.) _____
☐ New business sign (note dates; 30 days max.) _____
☐ Free standing or pylon (also note lot frontage) _____
☐ Wall sign (also note store frontage) _____
☐ Misc.: (explain) _____
☐ Sign illumination _____
☐ Height of sign _____
☐ Setbacks to property lines: Front _____ Side _____ Rear _____
☐ Please provide photos/drawings of existing and proposed signs
☐ Street numbers are required on all freestanding signs
☐ Dig Safe # _____

- ☐ Does this sign need an ELECTRICAL permit? _____
☐ Electrical Ratings _____
☐ UL Or Other Approved Lab Listing Numbers _____

ESTIMATED COST: _____ FEE _____

Additional Information _____

Owner/Contractor _____

Planning Board Agent _____

Building Official _____

Email Address _____

UL# Received _____

TOWN OF SALEM, NEW HAMPSHIRE
INSPECTIONAL SERVICES - BUILDING SAFETY - 603-890-2020
APPLICATION FOR CERTIFICATE OF:
OCCUPANCY - COMPLETION - CHANGE OF OCCUPANT

(not for Manufactured Homes)

****48 Hour Notice Required – Minimum****

To be processed during permitting hours: Monday – Friday 8:30-9:30am ***

Fill in or obtain all information required below. Signatures from Planning and Engineering are required on all applications. The other signatures may be required depending on the nature of the project. All necessary signatures must be obtained prior to putting a request date on the application. The request date must be a minimum of 48 hours after obtaining the necessary signatures.

All codes and regulations must be met to obtain a Certificate of Occupancy.

NECESSARY SIGNATURES

PLANNING: _____

ENGINEERING: _____

HEALTH: _____

(if C.O. is for a food establishment, septic or well)

WATER DEPT: _____

(if structure is serviced by Town Water)

FINANCE: _____

Signature above is for certifying payment or payment plan for Demand and Benefit Assessment only necessary for properties that are connecting to water and sewer.

REQUIRED INFORMATION

*****NOTE: any FIRE ALARM and/or SPRINKLER work must be completed and inspected prior to this Certificate of Occupancy being issued.**

CO TO BE ISSUED TO: _____

(Name of Business or Person who will occupy this space)

Building Permit # _____ Map and Lot: _____

Property Address: _____ UNIT _____

Property has: Town Water _____ Town Sewer _____ Well _____ Septic _____

DESCRIPTION OF BUILDING OR SPACE FOR WHICH C O IS REQUESTED:

Square footage: _____

Printed Name of Applicant: _____

Company Name: _____ Phone # of Applicant: _____

Signature of Applicant: _____ Date _____

(DATE INSPECTIONS ARE REQUESTED)



PRE-INSPECTION CHECK LIST FOR THE APPLICANT

CERTIFICATE OF OCCUPANCY CHANGE OF OCCUPANT

NO CONSTRUCTION"GENERAL SAFETY INSPECTION

October 2019

- 1 - Emergency lighting is required for egress and common areas, including toilet rooms.
- 2 - Emergency lighting and Exit Sign batteries are required to last 90 minutes.
- 3 - Fire extinguishers are required and shall be properly located, sized and dated.
- 4 - Fire Alarms and Fire Sprinklers shall be inspected and approved. Current inspection reports shall be provided to Inspectional Services.
- 5 - Egress doors and common area doors shall include lever hardware or panic hardware (paddle or bar type).
- 6 - Egress doors shall not include double sided key locks, barricades" or slide bolts.
- 7 - Faucets that are replaced or added shall be lever type.
- 8 - Domestic hot water temperature range shall be 85 -110 degrees that is delivered through a temperature limiting device.
- 9 - Gas services and appliances that are existing shall be in compliance.
- 10 - Heating/Ventilation/Air Conditioning systems shall be functional.
- 11 - All electrical covers shall be in place with all mounting hardware.
- 12 - Hand rails and guard rails shall be in place and secured.
- 13 - All ceiling tiles shall be in place.



TOWN OF SALEM
FIRE DEPARTMENT HEADQUARTERS
152 MAIN STREET
SALEM, NEW HAMPSHIRE 03079
BUSINESS: (603) 890-2200 FACSIMILE: (603) 893-3789
WWW.TOWNOFSALEMNH.ORG

CHANGE OF OCCUPANT CHECKLIST

Salem Fire Prevention/Inspectional Services will be conducting a Change of Occupant inspection within your building as required by Fire Prevention/Inspectional Services regulations. We have assembled a list of items that must be addressed as a minimum to keep your place of business safe and within compliance. While we reserve the right to discuss any issues we feel are important and germane to the life safety and/or fire prevention, this list is the bulk of our inspection. Failure to comply may subject the business to legal action including prosecution.

- a. All emergency lights and exit signs must be illuminated and have generator or battery backup.
- b. All electrical and alarm panels must be accessible with nothing stored on or in front of them.
- c. All exits and aisle ways must be clear of trash and obstructions.
- d. All panic hardware must be operational.
- e. Extension cords cannot be used for permanently located appliances and they cannot be stretched across aisle ways or paths of travel.
- f. All local alarm panels that transmit a signal from the cooking hood system to the building fire alarm system must have been tested within the past 12 months by a Certified Inspection Company and the report sent to Fire Prevention Bureau.
- g. If your building has a fire alarm system, the entire system must be tested by a Certified Fire Alarm company within the past 12 months and the report sent to the Fire Prevention Bureau.
- h. If your has a sprinkler system, the entire system must be tested by a Certified Sprinkler Company within the past 12 months and the report sent to Fire Prevention Bureau.
- i. All fire extinguishers must have had an inspection within the past 12 months and must be tagged, labeled, accessible and properly mounted.
- j. A type K extinguisher must be mounted and accessible within the cooking area of kitchens with a frylator.
- k. All cooking vent hood extinguishers must be a wet chemical type and have had an inspection within the past 6 months. All filters must be in place and maintained in a clean condition.
- l. Emergency Contact information sheet must be updated annually or when personnel changes.
- m. Fire lanes must be labeled, marked and maintained.

The property owner and/or business owner are responsible for the compliance with all applicable fire, safety and inspectional requirements, including those not otherwise listed here. Any hazard notice issued must be corrected within 30 days, unless otherwise noted.

If you have any questions concerning these items or other fire prevention issues please call 890-2020 or 890-2209.

Business name: _____

Address: _____

Received by: _____
Signature Printed

Issued by: _____ Date: _____