

NOTICE

Your application for Building Permit should include the following:

- 1.) Building Permit Application filled out in its entirety. Anything that is non applicable should be filled in with “N/A”. The application must be signed by the owner of the property or the contractor must have a signed agreement with the homeowner authorizing them to pull permits on behalf of the owner.
- 2.) Blueprint drawings of proposed work reduced to 8 ½” x 11”, 8 ½” x 14” or 11” x 17”. (NO LARGER PLANS WILL BE ACCEPTED)
- 3.) a COPY OF THE Plot Plan for the property showing the location of the proposed construction drawn to scale. You will need to know the setbacks of the proposed structure to the property lines when filing in the application. (Residential setbacks are 30’ from the front of the property line, 15’ from the sides of the property line and 15’ from the rear of the property line.
- 4.) Septic System approval and plan for new construction, additions of bedrooms, or septic repairs. See Article K of the Town Health Ordinances for requirements.



Town of Pelham
6 Village Green
Pelham, NH 03076-3723
APPLICATION FOR BUILDING PERMIT
(603) 635-7811

1. LOCATION OF BUILDING	Street Location _____
	Subdivision _____ Map _____ Lot _____

2. TYPE OF IMPROVEMENT 1 <input type="checkbox"/> New Building 2 <input type="checkbox"/> Addition 3 <input type="checkbox"/> Alteration, renovation 4 <input type="checkbox"/> Repair, replacement 5 <input type="checkbox"/> Wrecking, demolition 6 <input type="checkbox"/> Moving, relocation 7 <input type="checkbox"/> Foundation ONLY	3. PROPOSED USE <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Residential 1 <input type="checkbox"/> Single Family 2 <input type="checkbox"/> Two or more family # of units _____ 3 <input type="checkbox"/> Garage 4 <input type="checkbox"/> Carport 5 <input type="checkbox"/> Shed 6 <input type="checkbox"/> Deck 7 <input type="checkbox"/> Pool 8 <input type="checkbox"/> Wood/Pellet Stove 9 <input type="checkbox"/> Certificate of Occupancy 10 <input type="checkbox"/> Other (specify in section 5) </td> <td style="width: 50%; vertical-align: top;"> Non-Residential 1 <input type="checkbox"/> Amusement, recreational 2 <input type="checkbox"/> Church, other religious 3 <input type="checkbox"/> Industrial 4 <input type="checkbox"/> Parking garage 5 <input type="checkbox"/> Service station, repair garage 6 <input type="checkbox"/> Hospital, institutional 7 <input type="checkbox"/> Office, bank, professional 8 <input type="checkbox"/> Public utility 9 <input type="checkbox"/> School, library, other educational 10 <input type="checkbox"/> Stores, merchantile 11 <input type="checkbox"/> Towers </td> </tr> </table>	Residential 1 <input type="checkbox"/> Single Family 2 <input type="checkbox"/> Two or more family # of units _____ 3 <input type="checkbox"/> Garage 4 <input type="checkbox"/> Carport 5 <input type="checkbox"/> Shed 6 <input type="checkbox"/> Deck 7 <input type="checkbox"/> Pool 8 <input type="checkbox"/> Wood/Pellet Stove 9 <input type="checkbox"/> Certificate of Occupancy 10 <input type="checkbox"/> Other (specify in section 5)	Non-Residential 1 <input type="checkbox"/> Amusement, recreational 2 <input type="checkbox"/> Church, other religious 3 <input type="checkbox"/> Industrial 4 <input type="checkbox"/> Parking garage 5 <input type="checkbox"/> Service station, repair garage 6 <input type="checkbox"/> Hospital, institutional 7 <input type="checkbox"/> Office, bank, professional 8 <input type="checkbox"/> Public utility 9 <input type="checkbox"/> School, library, other educational 10 <input type="checkbox"/> Stores, merchantile 11 <input type="checkbox"/> Towers
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4. ESTIMATED COST 1 Electrical \$ _____ 2 Plumbing \$ _____ 3 Mechanical \$ _____ 4 Other \$ _____ Total Cost \$ _____	5. DESCRIPTION _____ _____ _____ _____ _____ _____
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6. PRINCIPAL TYPE OF FRAME 1 <input type="checkbox"/> Masonry (wall bearing) 2 <input type="checkbox"/> Wood frame 3 <input type="checkbox"/> Structural steel 4 <input type="checkbox"/> Reinforced concrete 5 <input type="checkbox"/> Other – Specify _____ _____	7. Will the proposed structure meet current set back & lot size requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Frontage _____ Lot Size _____ Front Setback _____ Rear Setback _____ Left Setback _____ Right Setback _____ 8. WCD (Wetland Conservation District) 1 Is the property located in a WCD area? <input type="checkbox"/> Yes <input type="checkbox"/> No 2 Is the proposed structure located within the WCD area? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Is a variance required? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a variance been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Hearing: _____
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10. PRINCIPAL TYPE OF HEATING FUEL 1 <input type="checkbox"/> Gas 2 <input type="checkbox"/> Oil 3 <input type="checkbox"/> Electricity 4 <input type="checkbox"/> Coal 5 <input type="checkbox"/> Other – Specify _____	11. DIMENSIONS 1 Number of Stories _____ 2 Total Living Area SF _____ 3 Foundation Size _____	12. NUMBER OF OFF-STREET PARKING SPACES 1 Enclosed _____ 2 Outdoors _____
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13. RESIDENTIAL BUILDINGS ONLY 1 Total Bedrooms: Finished _____ Unfinished _____ 2 Total Bathrooms: Full _____ 1/2 _____ 3/4 _____	14. Is the proposed work within 250 ft. of Beaver Brook, Little Island, Gumpas, Long or Harris Ponds: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has approval been sought from NHDES? <input type="checkbox"/> Yes <input type="checkbox"/> No (Evidence of approved DES Shoreline Application OR written exemption by DES must be provided with this application)
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15. IDENTIFICATION

	NAME	MAILING ADDRESS	PHONE NUMBER
1. Owner			
2. General Contractor			
3. Electrician**			
4. Plumber**			
SIGNATURE OF OWNER		APPLICATION DATE:	

****ELECTRICAL & PLUMBING WORK REQUIRE SEPARATE PERMITS - THEY ARE NOT INCLUDED IN THE BUILDING PERMIT****

NOTE: CONSTRUCTION PLANS ARE NOT TO EXCEED 11"X 17"

*****PLANNING DEPARMTENT USE ONLY - DO NOT WRITE BELOW THIS POINT*****

Zoning/Planning Compliance

APPROVED

Conditions of Approval to be noted on Building Permit: _____

DENIED

Reasons for Denial: _____

Jeff Gowan, Planning Director

Date

Building Code Compliance

APPROVED

Conditions of Approval to be noted on Building Permit: _____

BUILDING PERMIT FEE: _____

Roland Soucy, Building Inspector

Date