

PERMIT FEE \$ _____

Include with Application-see Fee Schedule

CHECK # & DATE _____

CASH _____



MAP & LOT _____

DATE RECEIVED _____

PERMIT # _____

BUILDING PERMIT APPLICATION - RESIDENTIAL

TOWN OF PLYMOUTH, NH 03264

42 HIGHLAND STREET, PLYMOUTH, NH 03264

603-536-1253; TNEWCOMB@PLYMOUTHFD.ORG

Project Address: _____

Property Owner(s): _____

Mailing Address: _____

Telephone # _____ Email: _____

Builder/Agent (If different) _____ Telephone # _____

Mailing Address: _____ Email: _____

(check all that apply)

| TYPE OF IMPROVEMENT | NEW CONSTRUCTION | REPAIR/REPLACEMENT | TYPE OF IMPROVEMENT | NEW CONSTRUCTION | REPAIR/REPLACEMENT |
|---------------------|------------------|--------------------|---------------------|------------------|--------------------|
| Single Family | | | Deck/Screen Porch | | |
| Two Family | | | Alteration Interior | | |
| >Two Family | | | Alteration Exterior | | |
| Accessory Structure | | | Plumbing | | |
| Demolition | | | Electrical | | |
| Roofing | | | Other | | |

Estimated value of the proposed project (labor and materials): \$ _____.

BRIEFLY DESCRIBE PROJECT:

Empty box for describing the project.

| | Yes | No |
|---|-----|----|
| 1. Will construction increase the number of dwelling units on the lot? If Yes , from _____ units to _____ units. | | |
| 2. Is the proposed construction in a flood plain or flood hazard zone? If Yes , Elevation of lowest floor = _____ feet. | | |
| 3. Will the project result in ANY construction/demolition debris to be transported to the Recycling Facility? If Yes , a signature on Page 4 is required. If Yes , Estimated amount: \$ _____ | | |
| 4. Will there be stripping or removal of 260 linear feet or 160 square feet or more of regulated asbestos-containing material? If Yes , EPA notification required. | | |
| 5. Is permit for a modular building or building component(s)? | | |
| 6. Is the application to repair or reconstruct after a flood-related event? If Yes , answer the following four questions. | | |
| a. Is the structure located in a special flood hazard area? | | |
| b. Is the structure insured against flooding? | | |
| c. Did you receive insurance compensation for damages incurred in the event? | | |
| d. Enter the repair costs of all damages to the building as determined by the insurance adjustor on the NFIP Proof of Loss worksheets. \$ _____ Reference: Document # _____, Page _____, Line _____ | | |
| 7. Is any portion of this property in Current Use? | | |
| 8. Projects involving underground excavation are required by RSA 374:48 to contact utilities through "Dig Safe" at 1-888-344-7233. | | |

ATTACH ONE PAPER COPY OF THE SITE PLAN showing dimensions to scale of the lot (front, side and rear setbacks). **No building permit will be issued involving new construction, additions or interior renovations without this information:**

1. Road frontage.
2. Location of proposed NEW construction.
3. Location of existing building(s) with proposed additions(s).
4. Location of proposed and/or existing driveway and parking.
5. Distance to intersections and other driveways.
6. Floor plan of existing building(s).
7. Floor plan of proposed construction (show each dwelling unit).
8. Construction plans with location, size of windows and doors, and all dimensions.
9. Show portion, dimensions and location of property to be removed from Current Use.
10. Show distances to all wetlands and water bodies within 100 feet.

The following is information that may be needed for a completed permit application:

| | Yes | No |
|---|-----|----|
| State septic system approval | | |
| State shoreland permit | | |
| State wetlands permit (250' from any shoreline) | | |
| Approved town or state driveway permit for new curb cuts on town or state highway roads | | |
| Zoning Board of Adjustment approval | | |
| Planning Board approval | | |
| Energy Code Form | | |

CONTRACTOR INFORMATION

GENERAL CONTRACTOR: _____

Phone: _____

ELECTRICAL: _____

NH LICENSE #: _____ Expires: _____ Phone: _____

PLUMBING: _____

NH LICENSE #: _____ Expires: _____ Phone: _____

OIL BURNER AND LP GAS INSTALLATION PERMITS MUST BE OBTAINED FROM THE PLYMOUTH FIRE DEPARTMENT, 42 HIGHLAND STREET, PLYMOUTH (536-1253)

I/We understand that the decision to issue this Permit is subject to appeal to the Zoning Board of Adjustment. Such appeal must be taken within thirty (30) days of the issuance of the Permit and implementation of this proposal during that time period is at the owner's risk.

I/We hereby certify that all plans and construction will comply with all Town of Plymouth and State of NH codes, ordinances and regulations and that the project will be accessible for any and all inspections pertaining to this application.

I/We understand that the Town reserves the right to retain all or some of the permit fee if the work outlined is changed or not completed.

Signature of Property Owner/Agent Name: _____ **Date:** _____

Signature of Property Owner/Agent Name: _____ **Date:** _____

OR AGENT AUTHORIZATION: The individual listed as the above agent has my/our permission to act on my/our behalf for purposes of this application or attach authorization.

Property Owner Signature(s) _____ **Date:** _____

Property Owner Signature(s) _____ **Date:** _____

DEPARTMENTAL APPROVALS

1. **Plymouth Fire Department** (536-1253) approval required for all demolition, new construction or substantial (>50% of assessed value) renovations or additions to single-family residences and multi-family new construction and renovation. (Comments):

Fire Chief's Signature: _____ Date: _____

2. **Plymouth Recycling Center Supervisor** (536-2378) approval required for all projects that will generate waste to be brought to the Incinerator/Recycling Facility.

(Comments):

Superintendent's Signature: _____ Date: _____

3. **Plymouth Highway Department Manager** (536-1623) approval required for all projects that require connection to a town road. Connection to a state-maintained road requires the approval of the State of NH Dept. of Transportation. (RSA 236:13)

(Comments):

Highway Manager's Signature: _____ Date: _____

4. **Plymouth Village Water and Sewer District** (536-1733) approval required for all new construction and exterior additions with plumbing for any properties within the precinct boundaries.

(Comments):

Administrator's Signature: _____ Date: _____

5. If town sewer is not required, provide the following information from the **NH Department of Environmental Services, Division of Water Supply and Pollution Control** (271-3503):

a. Construction approval number: _____ Date: _____

b. Size and/or type of system: _____

6. **New Hampshire Energy Code** (271-2431) approval required for "All new buildings and structures or portions thereof or additions to existing buildings that provide facilities or shelter for public assembly, educational, business, mercantile, institutional, storage and residential occupancies, as well as those portions of factory and industrial occupancies designed primarily for human occupancy, shall conform to the thermal and lighting standards established by this code."

Approval number: _____ Date: _____

(FOR TOWN USE ONLY)

| | YES | NO | COMMENTS |
|-----------------------------------|-----|----|----------|
| E911 Street # Assigned | | | |
| Planning Board Approval | | | |
| ZBA Approval | | | |
| Building Permit Approved & Date | | | |
| Certificate of Occupancy Required | | | |
| CO Approved & Date | | | |

(FOR TOWN USE ONLY - CONTINUED)

INSPECTIONS REQUIRED:

FOOTINGS/FOUNDATION: _____ FRAME: _____ ELECTRICAL: _____ PLUMBING: _____ INSULATION: _____ FINAL: _____

| | | |
|---|-----|----|
| 1. Issuance of this permit authorizes the creation of a dwelling unit or units that may be occupied by no more than three (3) unrelated persons pursuant to the Zoning Ordinance definition of "Family, Unrelated" as amended on March 15, 1988. | Yes | No |
| 2. Issuance of this permit authorizes construction pursuant to a decision of the Zoning Board of Adjustment. Such decision is subject to appeal within twenty (20) days of the Zoning Board of Adjustment decision, therefore implementation during this time period is at the owner's risk. | Yes | No |
| 3. The work performed under the building permit includes the installation of a certified modular building or building component meeting the requirements of the Department of Safety administrative rules Chapter SAF-C 3300. | Yes | No |
| 4. The Asbestos NESHAP work practice standards established by the EPA apply to all renovations and demolitions of facilities that contain at least 80 linear meters (260 linear feet) of regulated asbestos-containing materials (RACM) on pipes, or 15 square meters (160 square feet) of regulated asbestos-containing materials on other facility components, or at least one cubic meter (35 cubic feet) off facility components where the amount of RACM previously removed from pipes and other facility components could not be measured before stripping. All demolitions must notify the appropriate regulatory agency, even if no asbestos is present at the site, and all demolitions and renovations are "subject" to the Asbestos NESHAP insofar as owners and operators must determine if and how much asbestos is present at the site. | Yes | No |

DECISION FOR BUILDING PERMIT APPLICATION:

APPROVED AS PRESENTED:

APPROVED WITH CONDITIONS:

DENIED FOR THE FOLLOWING REASON(S):

Building Inspector/Code Enforcement Officer

Date