



TOWN OF CHESTERFIELD

P.O. BOX 175
CHESTERFIELD, NH 03443-0175
(603) 363-4624 ext.12

APPLICATION FOR BUILDING PERMIT

LOCATION _____ MAP/LOT _____ ZONE _____ FLOOD ZONE _____

OWNER (S) _____ TELEPHONE (_____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTRACTOR _____ TELEPHONE (_____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

TYPE: NEW ___ ADDITION ___ REMODEL ___ REPAIR ___ DEMO ___ RESIDENTAL ___ SEASONAL ___ COMMERICAL ___ AGRICULTURE ___

ELECTRICAL ___ ELECT. CONT. _____ ADDRESS _____ NH M LIC # _____

PLUMBING ___ PLUMB. CONT. _____ ADDRESS _____ NH M LIC # _____

ARE THERE ANY EXISTING OR PENDING ZONING VARIANCES FOR THIS PROPERTY? _____ PLEASE EXPLAIN _____

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

WORK DESCRIPTION: _____

TYPE OF FOUNDATION _____ CRAWL SPACE _____ FULL BASEMENT _____ FINISHED BASEMENT _____ USE _____

DRIVEWAY PERMIT # _____ NHDES SEPTIC APPROVAL # _____ OR EXISTING SEPTIC WITH # _____ BEDROOMS

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

REQUIRED WITH THIS APPLICATION:

NH ENERGY CERTIFICATION: BUILDABLE PLANS: PLOT PLAN SHOWING DISTANCES TO BOUNDRIES

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 Chesterfield governing this type of 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 WORK SHALL BE ACCESSIBLE FOR INSPECTION, THAT A FINAL INSPECTION, APPROVAL AND CERTIFICATE OF OCCUPANCY ARE REQUIRED PRIOR TO OCCUPYING THIS BUILDING.

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 while this work is ongoing.

APPLICANT SIGNATURE _____ DATE _____

PLEASE PRINT _____ TITLE _____