



PLANNING AND DEVELOPMENT

14 NORTH STREET

CLAREMONT, NH 03743

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EMAIL: visitor@claremontnh.com

BUILDING PERMIT APPLICATION

Location Address: _____

Map: _____	Lot: _____	Zoning District: _____	Site Plan: _____	Subdivision Plan: _____
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Circle All That Apply and Indicate Whether Property is RESIDENTIAL or COMMERCIAL:				
Addition	Alteration	Carport	Condo	Conversion
Deck	Demolition	Duplex	Garage	Hospital/Medical
Industrial/Warehouse	Manufactured/Mobile Home	Modular Home	Multiple Family Dwelling	New Building
Office/Bank/Prof.	Renovation	Repair/Replacement	Restaurant	School
Shed	Single Family Dwelling	Store	Swimming Pool	Townhouse
Utility	Other:			

Circle Below the ONE That Applies if Work Includes or is Limited To:				
Construction	Electrical	Mechanical	Plumbing	Other

General Description of Work and Use:

1. Include dimensions of structure.
2. List number of bedrooms and bathrooms if structure is a new home or addition.
3. Describe proposed use if use of existing structure is being changed.
4. If applicable, include building plans/specs, plot or site plans.

Total Cost of Project: Include all applicable costs associated with project \$ _____

Circle Appropriate Box and/or Fill In Appropriate Blanks If Request Entails:

Establishment of Additional Dwelling Units	Expansion of Use	Change of Use
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If any of the above have been selected, indicate past use: _____

Square Footage: _____	Footprint: _____	Renovated/added: _____	# of Stories: ____	Living Area: _____	Total Area: _____
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Fire Suppression: Circle Appropriate Box

Fire Alarm	Sprinkler System	Other (indicate type): _____
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A Certificate of Occupancy will not be issued until all Department of Public Works permits have been issued and fees have been paid.

Owner/Agent	Architect/Contractor/Engineer
Name: _____	Name: _____
Address: _____	Address: _____
City/Zip: _____	City/Zip: _____
Day Contact Phone: _____	Day Contact Phone: _____
Email: _____	License #:: _____

I hereby certify that the owner of record authorizes the proposed work and I have been authorized by the owner to make this application as his agent, and we agree to conform to all applicable laws of the City of Claremont. I hereby declare that all statements made on this application are true to the best of my knowledge and authorize agents of the City of Claremont to enter upon the property for purpose of inspection. Applicants are advised that the making of a false statement on this form is a criminal offense.

****Any Scheduled Inspections that result in fragmentary or incomplete work or lack of access to the facility may result in a \$30.00 surcharge per occurrence to the contractor or homeowner that arranged for the inspection to take place.**

Applicant Printed Name: _____ **Applicant Signature:** _____

Date: _____ **Applicant Contact Information:** _____

CITY OFFICIAL PORTION OF APPLICATION

*The following sections are to be completed by City Administration.
Applicants please disregard and complete front of form only.*

Permit Type	Fees	Approved or Denied	Date	By (Name)
Planning/Subdivision <input type="checkbox"/>				
Zoning <input type="checkbox"/>				
Health Officer <input type="checkbox"/>				
Building Permit <input type="checkbox"/>				
Electric Permit <input type="checkbox"/>				
Plumbing Permit <input type="checkbox"/>				

Additional Permit Information:

Residential: _____	Commercial: _____	Use Group: _____
Construction Type: _____	Living Load: _____	Occupancy Load: _____

This Building Permit Is:

<input type="checkbox"/> ISSUED subject to the following condition (s):	<input type="checkbox"/> DENIED for the following reason (s):
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Signature of Building Inspector or Designee: _____ Date: _____	

Certificate of Occupancy:

<input type="checkbox"/> REQUIRED	<input type="checkbox"/> NOT REQUIRED
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A Certificate of Occupancy will not be issued until all Department of Public Works permits have been issued and fees have been paid.

Plan Information:

<input type="checkbox"/> Plans Required and Received	<input type="checkbox"/> Plans NOT Required
Signature of Person Receiving Plans: _____ Date: _____	