



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	\$ _____
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Circle Appropriate Box and/or Fill In Appropriate Blanks If Request Entails:		
Establishment of Additional Dwelling Units	Expansion of Use	Change of Use
If any of the above have been selected, indicate past use: _____		
Square Footage: _____	Footprint: _____	Renovated/added: _____
# of Stories: _____	Living Area: _____	Total Area: _____

Fire Suppression: Circle Appropriate Box		
Fire Alarm	Sprinkler System	Other (indicate type): _____

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 as the applicant for permit, I am the owner of this property __, or the owners authorized agent [check one]. I hereby declare that the statements and information contained in this application and submitted in conjunction with said application are true and accurate to the best of my knowledge. I understand that I am responsible to ensure that all construction or other work will be completed in accord with all Federal, State and Local laws, code and ordinances, including but not limited to the State Building Code NHRSA 155-A. I understand that I am responsible to ensure that all inspections will be completed as required by the City, and no structure will be used in violation of Federal, State and Local laws, code and ordinances. The making of a false statement on this form shall constitute 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:** _____

