



Town of Chichester

Office of the Building Inspector

54 Main Street
Chichester, New Hampshire 03258
(603) 798-5350 Fax (603) 798-3170

Application for Building Permit

Date: ___/___/_____

Applicant Name: _____

Address: _____
(Street) (City/town) (State/zip)

Phone #: _____ Cell Phone #: _____ Owner: Y___ N___ / Agent: Y___N___

Contractor's Name: _____

Address: _____
(Street) (City/ town) (State/Zip)

Phone #: _____ Cell Phone #: _____

Construction Site: _____

Area of Lot _____ Frontage _____ Zoning District _____ Map #: _____ Lot #: _____

Distance to lot lines/road _____ / _____ / _____ / _____
(Road) (Sides) (Back)

Proposed Action: Circle one (new) (addition) (alteration) (repair) (replace) (demolition)

Type of Structure: Circle one (1 or 2 Family) (Mobile Home*) (Multi Family) (Commercial)
(Industrial) (Garage, Barn, Shed) (Deck/Porch) (Sign)

Description of work: _____

Total # of Rooms: _____ # of Bedrooms: _____ # of Bathrooms: _____

Total sq. ft. of living area: _____ Total sq. ft. of non-living area: _____

Square Footage based on exterior dimensions _____

Roofing Material: Circle one (Asphalt Shingle) (Slate) (Cedar Shake) (Metal) (Other) _____

Foundation Type: Circle one (Poured concrete) (Concrete block) (Slab) (Piers) (Wood)

Heating System: Circle one (Oil) (Gas) (Electric) (Wood) (Other) **System Efficiency:** ___%

Venting: Direct _____ Insulated metal chimney _____ Masonry chimney _____

Fireplaces/Stoves: Gas _____ Wood _____ Masonry Fireplace _____

AC: Yes___ No___ **Type:** _____

Hot Water: Gas _____ Electric _____ Other (describe) _____

Water Source: New _____ Existing _____ Drilled _____ Shallow _____

Electrical Service: Panel amperage _____ Overhead _____ Underground _____

Subcontractors: (Plumbing, electrical, mechanical, and oil burner/propane require separate permits)

Electric: _____
(Name) (City/town) (Phone#) (License #)

Plumbing: _____
(Name) (City/town) (Phone#) (License #)

Mechanical: _____
(Name) (City/town) (Phone#)

Foundation: _____
(Name) (City/town) (Phone#)

Excavation: _____
(Name) (City/town) (Phone#)

Required Documentation: As applicable, must be submitted prior to issuance of a permit.

Driveway Permit _____ NHDES Septic Approval#: _____

Building Plans: _____ Energy Code Approval#: _____

Plot plan: _____ Wetlands Impact Permit #: _____

Planning/Zoning Approval _____ Asbestos Certification: _____

Please answer the following:

Is the Structure clear of all wetlands/water body buffers? _____ Yes _____ No (explain)

Will any wetlands be crossed to access the building site? _____ Yes (explain) _____ No

** The Building Inspector may permit more permanent use of a house trailer or mobile home to an existing residence as a temporary accessory solely for the purpose of elderly housing for relations, permitted during the life of occupant, and thereafter removed. Town of Chichester Zoning Ordinances, (Article IIIC, Paragraph 5c).*

I hereby certify that the information supplied is correct and will be in compliance with all current codes. I also understand that any work done differently than submitted, without prior approval, shall be subject to change upon decision of the Authority Having Jurisdiction.

(Signature and title (if applicable))

(date)

Permit Number: _____

Permit Fee: \$ _____

Check #: _____

Impact Fee: \$ _____

Check #: _____