



TOWN OF NEW HAMPTON
Application for Commercial Building Permit

Name & Mailing Address of Property Owner: _____

Owner's Phone # _____ Owner's Email Address: _____

Location of Work Site: _____

Tax Map# _____ Lot# _____ Zoning District: _____

Name of Applicant & Phone # (if different from above): _____

Scope of work and brief description of project: _____

**** FEES DOUBLED for all work done without required building permit ****

CHECK ALL THAT APPLY TO THIS PROJECT

Permit is to construct Permit is to alter/renovate Permit is to demolish

Permit for installation or reinstallation of fossil fuel, electrical, or interior wood-fired heating system, that is not part of a building permit for any alteration/renovation or new construction.

NOTE: Any fossil-fueled or wood-fired heating system also requires a separate application, which can be obtained from the New Hampton Fire Department.

COMMERCIAL USES ONLY:

New Construction

Multi-Family Dwelling(s)

Addition, Accessory structure, Sheds, Decks Interior Renovations Solar Arrays & Pools

Driveway Permit #: _____ Date of Approval: _____

*Required if this is a new driveway or if the driveway access point is being relocated for this project.
If the project is on a State road contact NHDOT for any permits @ 603-524-6667*

COMMERCIAL PERMITS (including Multi-Family Dwelling Units)

****Include a layout/floor plan, to scale, of all floor areas including dimensions - on Page 4**

****Include a plot plan of distances to lot lines - see Page 5**

New Construction: # of floors that can potentially be finished (below & above grade)

Describe the heat source: _____

Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

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Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

Total square footage of all floors: _____ sq. ft.

Fee: \$200.00 + \$.25 per sq. ft. X Total _____ sq.ft. = \$ _____

(If applicable) Septic Design Approval # _____ Date of Approval: _____

Date of any required Planning Board Site Plan Approval: _____

Multi-Family home: # of floors that can potentially be finished (below & above grade)

Describe the heat source: _____

Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

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Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

Which floor: _____ Length: ___ ft. X Width: ___ ft. = _____ sq. ft.

Total square footage of all floors: _____ sq. ft.

Fee: \$100.00 + \$.10 per sq. ft. (dwelling[s]) X Total _____ sq.ft. = \$ _____

Will this new construction add any bedrooms to an existing Multi-family dwelling? _____

List Number of Bedrooms: (list the # of bedrooms in each dwelling unit created)

Multi-Family Dwellings: Describe #of unit with number of bedrooms each: _____

Septic Design Approval # _____ Date of Approval: _____

(required for new dwellings or added bedrooms to an existing Multi-family dwelling)

Date of required ZBA Approval for Multi-Family dwellings: _____

Date of required Planning Board Site Plan Approval: _____

COMMERCIAL PERMITS (all other permits)

Additions, Accessory Structures, and/or Demolition:

****Include a layout/floor plan, to scale, of all floor areas including dimensions - on Page 4**

****Include a plot plan of distances to lot lines - see Page 5**

Check appropriate item(s) & list all areas being added:

Addition(s) & its purpose & use: _____

Will it be heated? _____ If YES, describe the heat source: _____

Which floor: _____ Length: _____ ft. X Width: _____ ft. = _____ sq. ft.

Which floor: _____ Length: _____ ft. X Width: _____ ft. = _____ sq. ft.

Which floor: _____ Length: _____ ft. X Width: _____ ft. = _____ sq. ft.

Total square footage of all floors: _____ sq. ft.

Fee: \$65.00 + \$.10 per sq. ft. (addition) X Total _____ sq.ft. = \$ _____
(Minimum of \$125.00)

Accessory Structure(s), shed, or deck & purpose & use of each structure: _____

Will it be heated? _____ If YES, describe the heat source: _____

Which floor: _____ Length: _____ ft. X Width: _____ ft. = _____ sq. ft.

Which floor: _____ Length: _____ ft. X Width: _____ ft. = _____ sq. ft.

Total square footage of all floors: _____ sq. ft.

Fee: \$65.00 + \$.10 per sq. ft. (Access. Struct.) X Total _____ sq.ft. = \$ _____
(Minimum of \$125.00)

Interior Renovations/Alterations

Demolition

Re-Issue original building permit with no changes

Solar Arrays or Pools

Fee: \$250.00 \$ _____

Fee: \$ 80.00 \$ _____

Fee: \$200.00 \$ _____

Fee: \$125.00 \$ _____

Date of any required Planning Board Site Plan Approval: _____

DOUBLE fee for unpermitted construction

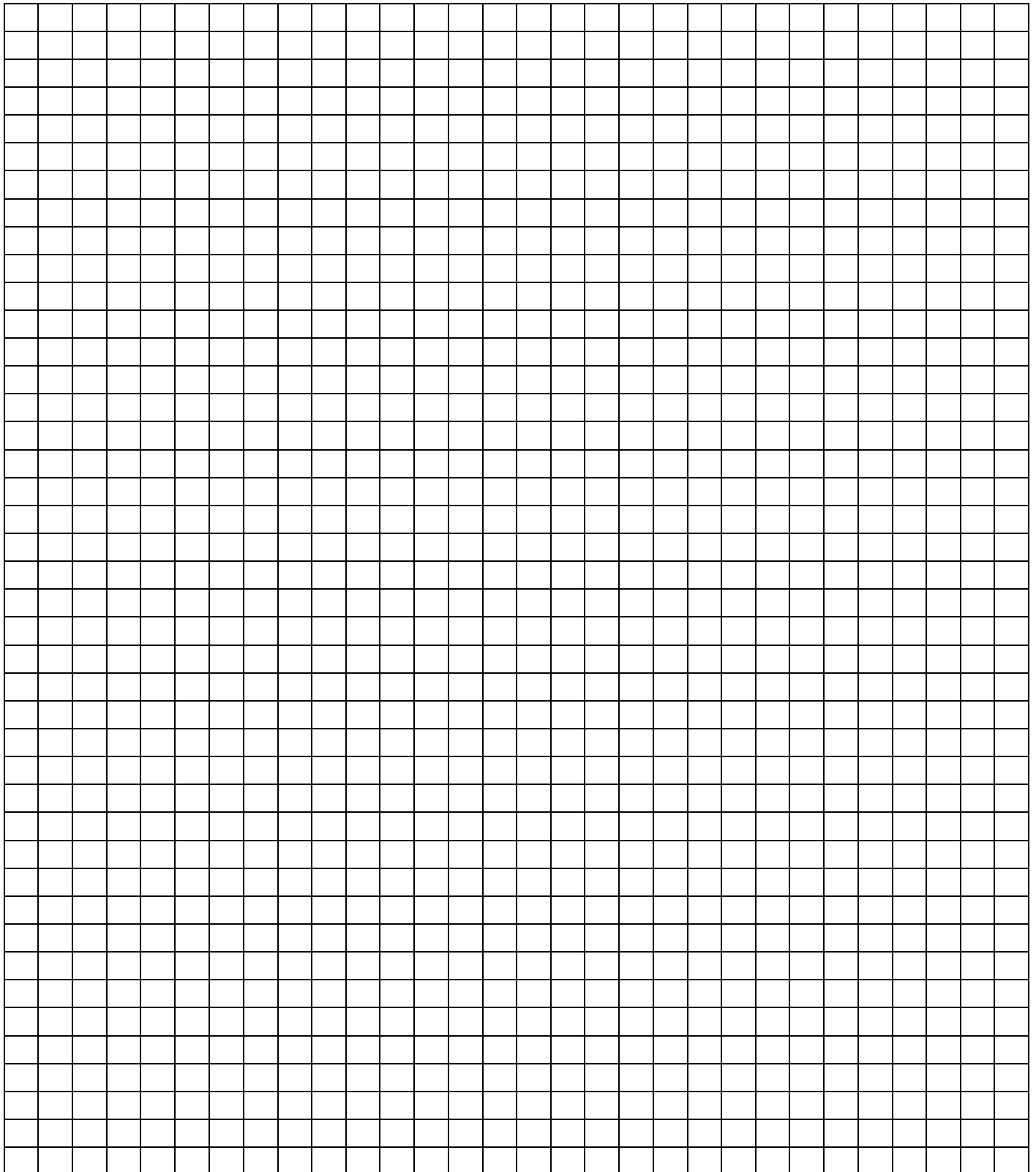
TOTAL of all fees, Pages 2 & 3: \$ _____

FLOOR PLAN DRAWN TO SCALE OF ALL FLOORS THAT COULD BE FINISHED

***** Indicate whether floor is to be finished, or unfinished & label rooms.**

Use additional pages for plot plan as necessary.

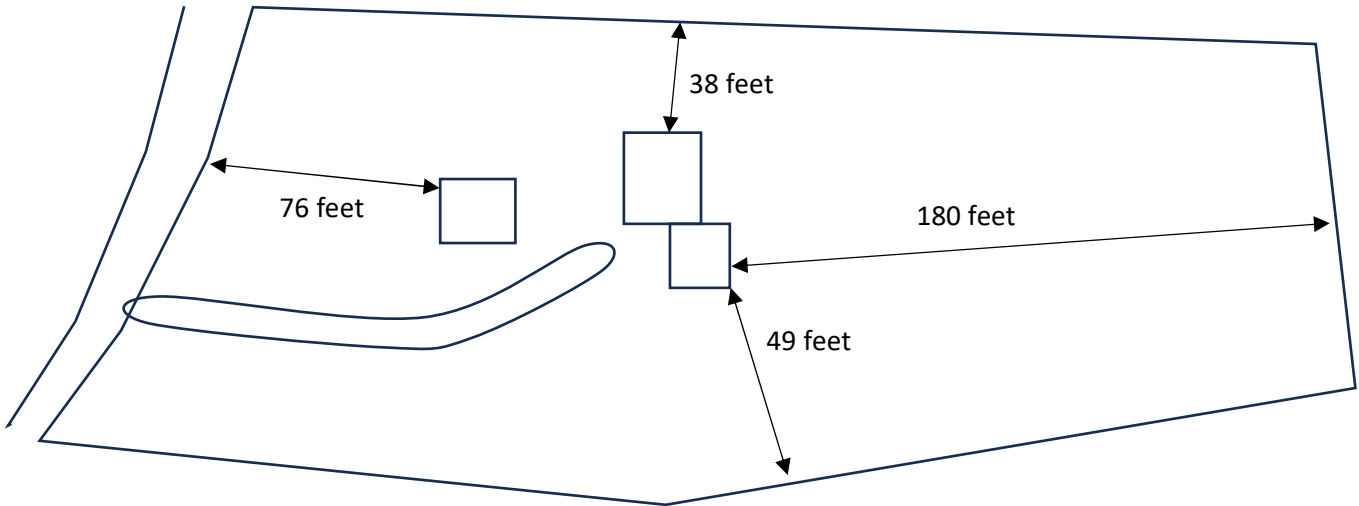
One square = _____ ft. Architectural drawings can be submitted in place of this plot plan.



ADDITIONAL PLOT PLAN REQUIRED

Include as an attachment to this application (*Example below*)

You **must** show proposed structures and their CLOSEST distance from right-of-way(s) and side and rear property lines. **BUILDING SETBACK** information obtainable at Selectmen’s office. Example below:



Answer “YES” or “NO” to the following questions:

Is any portion of the land on this property under the Current Use category? _____

Is the property in the Pemigewasset Overlay District? _____

Is the property covered under the [NH Shoreland Protection Program](#)? _____

IMPORTANT: *Work being done within the Shoreland Protection area requires you contact NHDES Wetlands Bureau (603-271-3503) to determine any additional requirements.*

Fire Department Inspections: The New Hampton Fire Department requires completion and submission of their appropriate form for all installations, or reinstallations, of any fossil fuel or wood-fired heating system. They will also perform an inspection to ensure they comply with Life-Safety Code.

IMPORTANT - ASBESTOS: NHDES env-A 1804.01 requires that a thorough inspection be conducted for the presence of asbestos-containing building materials, prior to any demolition or renovations, in the affected portions of the structure. Written notification must be made to NHDES and the local Health Officer at least 10 working days before any building demolition activity occurs.

Utilization of Roadway: For some new homes and large projects property owners, contractors, and their employees may need to use traffic control officers when work interferes or impedes traffic. Further information can be found in the Town Ordinance “*Utilization of Roadway – Traffic Control Officers*”

Snow Load in New Hampton is 80 pounds per sq. ft at 1,000 feet in elevation.

Contractor's Name: _____ Contractor's phone #: _____

Estimated cost of the project: \$ _____ Estimated date of completion: _____

I attest that I have provided complete, true, and accurate documentation to obtain this Permit.

As New Hampton does not have a Town adopted Building Code, I understand it is my responsibility to ensure that the construction performed is done in accordance with the NH State Building Life Safety Codes. I also understand that projects involving excavation are required by RSA 374:48 to contact Dig Safe at 1-888-344-7233. I will obtain all necessary state and federal permits prior to proceeding with any work.

Property Owner or Applicant's Signature: _____ Date: _____

This section below to be completed by Town

Building permit fee received: \$ _____ Cash _____ Check # _____
(Total from Page 3)

Fees received from _____

APPROVED

DENIED

OCCUPANCY PERMIT REQUIRED: YES NO
(Separate application & fee; requires inspection by Fire Department)

Signature of Selectman or Designee

Date of Approval

Remarks and/or Conditions of Approval:

All building permits are valid for 18 months from the date of issuance. If the project will not be completed and ready for its intended use within the 18-month allotment a new permit must be obtained.