

TOWN OF CHARLESTOWN BUILDING/ZONING APPLICATION

WATER FEE: _____

SEWER FEE: _____

PERMIT FEE: _____

Today's Date _____

Date Pd: _____ Cash ___ Check # _____ By: _____

Land Owner _____ Address _____ Phone _____

Location of change: _____ **Map#** _____ **Lot#** _____

Applicant name/address _____ Phone _____

DESCRIBE CHANGE, SIZE AND TYPE OF MATERIALS: _____

Cement Pad ___ Yes ___ No (4 ft frost walls ___ Yes ___ No) Full Foundation ___ Yes ___ No

ESTIMATED COST: \$ _____ CONSTRUCTION START DATE _____ / _____ / _____

******Please attach a drawing of lot, with all existing & proposed structures, with all dimensions & distances from property lines, river, ponds, wetlands, etc.**

HUD seal # if Mobile Home _____ Date Manuf _____ MH Licensed Installer # _____

Flood Hazard area _____ Electrical# _____ Plumbing# _____

Planning/Zoning Board Application _____ / _____ / _____
Date

David Edkins, Planning/Zoning Administrator

CERTIFICATE OF OCCUPANCY _____ / _____ / _____
Date

Building/Health/Fire Inspector

******ALL PERMITS MUST BE POSTED ON SITE******

I hereby certify, under penalty of law that the information provided herein is accurate by a Board of the Town, the ordinances of the Town and the facts as presented herein. I hereby authorize agents of the Town of Charlestown to enter upon my property for purposes of inspection. These statements are true to the best of my knowledge. **All permits expire 6 months from approval date.**

Applicant Signature _____ Date _____ Owner _____

Building permit granted by _____ **Date** _____
Building/Health/Fire Inspector

PLEASE CALL - 826-4400 - WHEN WORK IS COMPLETED

