



Permit # _____
Permit Fee _____
Water Fee _____
Sewer Fee _____
Other Fee _____

Town of Charlestown
233 Main Street PO Box 385
Charlestown, NH 03603 (603) 826-4400
Building Inspector Jon LeClair

Total Fee _____
Date Paid _____
Cash/Check# _____
Rec'd by _____

Property Information - Where improvements are proposed

Street # _____ Unit/Apt# _____ Street Name _____ Map _____ Lot _____

Zone _____ Flood Plain Y / N

Is this property in Current Use: Y / N. If yes, how much land will be used for project _____

Owner Information – Who owns the property where the improvements are proposed.

Name _____ Address _____ Phone # _____

City/State _____ Zip _____ Email _____

Applicant Information – If the applicant is not the owner

Company / Name _____ Address _____ Phone # _____

City/State _____ Zip _____ Contact Person _____

Application Information – Describe the proposed work

Permit Type: Building Electrical Plumbing Other _____ # of Units _____
Heating – new / replacement furnace wood stove pellet stove outdoor furnace
Renovation (Requires Asbestos report) Demo (Requires Asbestos report)

Building Use: Single-Family Multi-Family Commercial Other _____ # of Stories _____
Mobile Home (HUD # _____ Serial # _____ Manufactured Date _____
Installers License # _____)

Work Type: New Addition Renovation Partial
Cement Pad: Y / N 4ft Frost Walls: Y / N Full Foundation: Y / N

***Additional Fees and Application might be required:** *Driveway *Water / Sewer Connection
*State Approved Septic(prior to start of construction) *Mobile Home Move in/out

DESCRIBE WORK – Attach description if needed:

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

Plumbing and Electrical Sub-Contractors – signature indicates responsibility for compliance with laws and codes

Electrical Contractor-State License # _____ **Exp Date** _____

Name _____ **Phone #** _____

Address _____

License Holders Signature _____

Plumbing Contractor-State License # _____ **Exp Date** _____

Name _____ **Phone #** _____

Address _____

License Holders Signature _____

Other Professional (Construction, Contractors, Architects, Engineer) State License # _____ **Exp** _____

Name _____ **Phone #** _____

Address _____

License Holders Signature _____

New mobile homes must be set up on a cement pad. No Building Permit or Certificate of Occupancy will be issued until a deed has been properly recorded. Any new home, addition, basement finish or interior closed wall construction with rough plumbing or electrical concealed, must be inspected before the wall finish is installed. Footings, cement pads and foundations also need to be inspected to make sure they meet industry standards. All permits expire six (6) months from approval date.

******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.

Applicant

Signature _____ **Date** _____ **Owner** _____

Building permit granted by _____ **Date** _____

Building Inspector

This serves as a Certificate of Occupancy _____ **as of** _____
Inspector date

PLEASE CALL 826-4400 WHEN WORK IS COMPLETE FOR FINAL INSPECTION

BUILDING PERMIT FEES

Plumbing permit - residential	\$25.00
Plumbing permit - commercial	\$50.00
Electrical permit - residential	\$25.00
Electrical permit - commercial	\$50.00
Manufacturing housing - installation	\$25.00
Manufacturing housing - double wide installation	\$40.00
New construction and modular homes	\$25.00
	\$.08 per square fee
Garages	\$25.00 minimum
	\$.08 per square feet
Remodeling	\$10.00 minimum
	\$ 1.00 per thousand
Pools - above and in ground	\$25.00
Decks, Utility, Cement Pads, Foundations	\$.04 per square feet
Demolition	\$10.00 plus asbestos report
Water and Sewer hook- up	\$ service fee + equipment fee

- **For a list of Asbestos Management Professional visit:**
<http://des.nh.gov/organization/divisions/air/cb/ceps/ams/documents/consultants.pdf>

Other specification information, if applicable, is available at the Selectman's office.

APPLICATION MUST BE COMPLETE AND APPROVED PRIOR TO THE START OF ANY WORK



Permit # _____
Permit Fee _____
Water Fee _____
Sewer Fee _____
Other Fee _____

Town of Charlestown
233 Main Street PO Box 385
Charlestown, NH 03603 (603) 826-4400
Building Inspector Jon LeClair: Hours Mondays & Wednesday 4 – 6pm

Total Fee _____
Date Paid _____
Cash/Check# _____
Rec'd by _____

NOTICE

ALL BUILDING PERMITS MUST BE REVIEWED AND APPROVED BY THE FOLLOWING DEPARTMENT HEADS OR THEIR DESIGNEES:

CODE ENFORCEMENT OFFICER

HIGHWAY SUPERINTENDENT

WATER & SEWER SUPERINTENDENT

PLANNING & ZONING ADMINISTRATOR

FIRE CHIEF / INSPECTOR

TAX COLLECTOR (Only when moving an existing manufactured home.)

THE FOLLOWING ACTIVITIES SHALL BE EXEMPT FROM DEPARTMENT HEAD REVIEW/APPROVAL:

- **UPGRADE OF EXISTING ELECTRICAL SERVICE**
- **INTERIOR RENOVATION OF EXISTING ONE OR TWO FAMILY RESIDENCE**
- **REPLACEMENT OF EXISTING DOORS, WINDOWS, ROOFING OR SIDING WHERE NO STRUCTURAL ALTERATION WILL OCCUR**

For Office Use: Department Review

Name _____ **Map & Lot** _____

Inspection **Date** _____ **Initials** _____

Code Enforcement **Date** _____ **Initials** _____

Comments _____

Highway: **Date** _____ **Initials** _____

Comments _____

Driveway _____ **#assigned** _____ **911 updated** _____ **Class 6/Private Road** _____

Water/Sewer: **Date** _____ **Initials** _____

Comments _____

Planning/Zoning: **Date** _____ **Initials** _____

Comments _____

Fire Chief / Inspector: **Date** _____ **Initials** _____

Comments _____

Tax Collector: **Date** _____ **Initials** _____

Comments _____

Work Completed: Initials _____ **Date** _____

Certificate of Occupancy issued: Date _____