

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

Cash/Check#	

Rec'd by \_\_

Total Fee\_\_\_\_\_

Date Paid\_\_\_\_\_

Property Information -	- Where improv	rements are propo	sed			
Street # Unit/	'Apt# S	treet Name			Map	_ Lot
Zone Flood	Plain Y / N					
Is this property in Cur	rent Use: Y / N.	If yes, how muc	ch land will be u	sed for project _		
Owner Information –	Who owns the p	roperty where the	improvements	are proposed.		
Name	ame Phone #					
City/State		Zip _	Er	nail		
Applicant Information	– If the applica	nt is not the owner	<u>er</u>			
Company / Name	Company / Name Address			Phone #	ŧ	
City/State		Zip	Co	ontact Person		
Application Information	on – Describe th	e proposed work				
Permit Type:	Building		Plumbing			of Units
		v / replacement			_	ve outdoor furnace
	Renovation (	Requires Asbesto	os report)	Demo (Requir	es Asbestos	report)
Building Use:	Single-Family	v Multi-Family	Commercial	Other	#	of Stories
zumumg ese.						Date
			nse #			
Work Type:	New	Addition	Renovation	Partial		
	Cement Pad:	Y / N	4ft Frost Wall	s: Y / N	Full Fo	undation: Y / N
*Additional Fees and	l Application m	ight be required	l: *Driveway	*Water / Sewe	er Connection	on
	*State Ap	pproved Septic(pr	ior to start of co	nstruction)	*	Mobile Home Move in/out
<b>DESCRIBE WORK</b>	– Attach desc	cription if need	<u>ed:</u>			
ESTIMATED COS	ST: \$	C0	ONSTRUCTIO	N START DA	ГЕ	/
Dl	:1 C1- C4	<i>-</i>	: 1: 4	:1-:1: <sub>4</sub> f	1:	
					_	ce with laws and codes
Electrical Contract Name	or-state Licen	se #	Dhone #		Exp Date	2
Address						
License Holders Sign	nature					
<b>Plumbing Contract</b>	t <b>or</b> -State Licen	se #			Exp Date	?
Name			_ <i>Phone</i> #			
Address						
License Holders Sign	nature					
License Holders Signature Contractors, Architects, Engineer) State License # Exp						
			_			
Address						
License Holders Sign	nature					

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.

## \*\*\*\*<u>ALL PERMITS MUST BE POSTED ON SITE\*\*\*\*</u>

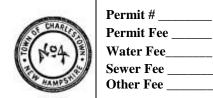
I hereby certify, under penalty of law that the information provided herein is accurate by a Board of the Town, the ordinances of the Town and the facts as presented herein. I hereby authorize agents of the Town of Charlestown to enter upon my property for purposes of inspection. These statements are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

nature	Date	Ow	ner	
ding permit granted by		Da	ate	
E .	Building Inspector			
	0 1		as of	
This serves as a Certificate of C	Insp	ector		date
PLEASE CALL 826-	4400 WHEN WORK	IS COMPLETE	FOR FINAL	INSPECTION
	TIOU TILLIT TO CALL			
BUILDING PERMIT FEES				
DOLLDING I ERWITT FEES				
Plumbing permit - residential		\$25.00		
Plumbing permit - commercial	•	550.00		
Electrical permit - residential	•	\$25.00		
Electrical permit - commercial	•	550.00		
Manufacturing housing - installat	ion	\$25.00		
Manufacturing housing - double v	vide installation	840.00		
New construction and modular ho	omes	\$25.00		
	•	.08 per squar	e fee	
Garages		325.00 minimum		
5		.08 per square	feet	
Remodeling		\$10.00 minimum		
<del>-</del>		\$ 1.00 per thousa		
Pools - above and in ground		\$25.00		
Decks, Utility, Cement Pads, Four		.04 per squar	e feet	
Demolition	•	\$10.00 plus asbest	os report	

• 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



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Charlestown, NH 03603 (603) 826-4400

Building Inspector Jon LeClair: Hours Mondays & Wednesday 4 – 6pm

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**NOTICE** 

ALL BUILDING PERMITS MUST BE REVIEWED AND APPROVED  $\mathbf{RY}$ THE FOLLOWING DEPARTMENT **HEADS** OR **DESIGNEES:** 

**CODE ENFORCEMENT OFFICER** 

HIGHWAY SUPERINTENDENT

WATER & SEWER SUPERINTENDENT

PLANNING & ZONING ADMINISTRATOR

FIRE CHIEF / INSPECTOR

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

FOLLOWING ACTIVITIES SHALL BE EXEMPT THE 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: Dep	partment Review		
Name		Map & Lot	
Inspection	Date	Initials	
		Initials	
		Initials	
Driveway	#assigned	911 updated	Class 6/Private Road
		Initials	
Planning/Zoning:	Date	Initials	
Fire Chief / Inspect		Initials	
		Initials	
Work Completed: I	nitials	Date	