



Major Building Permit Application

City of Somersworth, New Hampshire
 Department of Development Services – Office of Code Enforcement
 One Government Way, Somersworth NH 03878
 Telephone: (603) 692-9520

(Office Use Only)

Issue Date: _____

Permit #: _____

HDC # _____

Map # _____

Lot # _____

Zone _____

Location of Construction (Address): _____

Property Owner: _____ Phone: _____

Mailing Address: _____ Cell #: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Cell #: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Cost of Construction: _____ **Permit Fee:** _____

(Permit fee for Residential 1 & 2 family dwellings is based on \$8.00 per \$1,000.00 of Construction Cost plus a \$10.00 application fee. When labor is not considered, the calculation is based on \$10.00 per \$1,000 of the Materials Value plus a \$10.00 application fee. Permit fee for Commercial/Industrial is based on \$8.00 per \$1,000 of Construction Cost.
MINIMUM APPLICATION FEE FOR ALL PROJECTS IS \$25.00)

Proposed Construction is for: (check only one)

<input type="checkbox"/> Change the Use of the property	<input type="checkbox"/> New Single-Family Dwelling	<input type="checkbox"/> New Commercial Structure
<input type="checkbox"/> Other: _____	<input type="checkbox"/> New Two-Family Home	<input type="checkbox"/> Residential Addition > 400 Sq Ft
	<input type="checkbox"/> New Multi-Family Dwelling	<input type="checkbox"/> Commercial Addition > 400 Sq Ft
	<input type="checkbox"/> Replacement / New Mobile Home	(for 399 sq ft or less - use Minor Permit)

Is property within the following? (You must respond to all)

Historic District (Yes / No)	Approved Site Plan (Yes / No)
Major or Minor Subdivision (Yes / No)	A Current Use parcel (Yes / No)
Flood Hazard Area – per the Flood Insurance Rate Map (Yes / No)	

Is proposed work located within 100 feet of a jurisdictional Wetland Area (Yes / No) –if so please document.

Is proposed work located within the Ground Water Protection District (Yes / No) –if so please document.

Land Information:

City Water (Yes / No)	Corner Lot (Yes / No)
City Sewer (Yes / No)	

Description of work to be performed: _____

Property Owner Signature _____ Date _____

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EXISTING (or PREVIOUS) CONDITIONS

Existing Use: (land only - if so skip to "B")

Residential ___ Commercial ___ Mixed Use (both) ___

Existing Structures

Existing # of Buildings on site: _____

Total Sq Ft of existing building(s): _____

Garage Parking: _____ Exterior Parking: _____

Electrical Service: _____

Type of Heat: _____ Fuel Type: _____

of Fireplaces: _____ # of Kitchens: _____

Foundation Type: _____ Building Height: _____

of Full Baths: _____ # of Partial Baths: _____

For Residential Units: (Existing Conditions)

of Units: _____

of Bathrooms: _____

of Bedrooms: _____

For Commercial Units: (Existing Conditions)

of Units: _____

Office Area (sq ft): _____

Office Area (sq ft): _____

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PROPOSED CONDITIONS

Proposed Use:

Residential ___ Commercial ___ Mixed Use (both) ___

Setbacks: (from the new structure to all lot lines, measure through existing structures if needed.)

Front Setback: _____ Left Setbacks: _____

Rear Setback _____ Right Setbacks: _____

Proposed Structures (Total of existing + proposed)

Proposed # of Buildings on site: _____

Total Sq Ft of proposed building(s): _____

Garage Parking: _____ Exterior Parking: _____

Electrical Service: _____

Type of Heat: _____ Fuel Type: _____

of Fireplaces: _____ # of Kitchens: _____

Foundation Type: _____ Building Height: _____

of Full Baths: _____ # of Partial Baths: _____

For Residential Units: (Total of existing + proposed)

Proposed # of units: _____

Proposed # of Bathrooms: _____

Proposed # of Bedrooms: _____

For Commercial Units: (Total of existing + proposed)

Proposed # of units: _____

Proposed Office Area: _____

Proposed Other Area: _____

ATTACHMENTS AND SUBMITTALS REQUIRED AT THE TIME OF APPLICATION	
For Residential 1 and 2 Family	For Commercial or Multi-unit Residential
Plan of overhead view showing setbacks and all existing and proposed construction. <input type="checkbox"/>	Plan of overhead view showing setbacks and all existing and proposed construction. <input type="checkbox"/>
Driveway Permit (copy attached) [contact City Engineer – 603-692-9524] <input type="checkbox"/>	Driveway Permit (copy attached) [contact City Engineer – 603-692-9524] <input type="checkbox"/>
Sewer Permit (copy attached) [contact – 692-9523] Or N.H. Approved Septic Design <input type="checkbox"/>	Sewer Permit (copy attached) [contact – 692-9523] Or N.H. Approved Septic Design <input type="checkbox"/>
Water Connection Fee Paid (copy of receipt attached) [contact – 692-9523] <input type="checkbox"/>	Water Connection Fee Paid (copy of receipt attached) [contact – 692-9523] <input type="checkbox"/>
Two (2) full sets of building plans <input type="checkbox"/>	Backflow Prevention Device [contact- 692-9523] For appropriate device/installation <input type="checkbox"/>
P.U. C. or Energy Compliance # <input type="checkbox"/>	Three (3) full sets of stamped plans <input type="checkbox"/>
Copy of Planning Board or Zoning Decision (if applicable) <input type="checkbox"/>	Letter of Energy Compliance, or Energy Compliance Number <input type="checkbox"/>
Have you filled out page two Section A and B completely? <input type="checkbox"/>	Copy of Planning Board or Zoning Decision (if applicable) <input type="checkbox"/>
Foundation Certification – This is due prior to C/O, it is advised this done as soon as applicable.	Have you filled out page two Section A and B completely? <input type="checkbox"/>
	Foundation Certification – This is due prior to C/O, it is advised this done as soon as applicable.
	Waste Water Permit Application [contact Steffany Rochefort at 692-2418]
	Fire Department – Plans submitted when required (see the Code Officer for Details)

Please be advised, the order of inspections, for the **Building Inspector Only**, are as follows:

- | | |
|---------------------------------------|-----------------------------|
| 1. Footing Inspection | 4. Rough Framing Inspection |
| 2. Foundation Inspection / Pier Depth | 5. Insulation Inspection |
| 3. Foundation Drains | 6. Final Inspection |

Note: Not all inspections may apply to every situation and additional inspections may be required as needed. In addition, third party inspections may be required as determined by the City Engineer, Code Enforcement Officer, City Planner or, Fire Chief or their appointees. The expense of such third party inspections is the responsibility of the applicant. Electrical, Plumbing and Mechanical Work all require their own permits and inspections.

Certification of Accuracy: As owner of record, I certify that all information contained within this application is true and accurate to the best of my knowledge and belief.

Certification of Compliance: I hereby certify that I am familiar with all pertinent codes relating to the above specified work, and that all work shall be performed in compliance with these codes, also that I am familiar with the City of Somersworth, City Ordinance, Section 19, Table of Uses, Table 5.A.1 and Table 5.A.2 and all other dimensional Regulations.

Inspections: It is the responsibility of the contractor/property owner to obtain all inspections required. This signed application constitutes consent on the applicant's part to allow for inspections at the property by the Code Office, Assessing Office and any other required City Staff. Any work that is covered prior to the inspection may be required to be removed for inspection. Food Service applicants should contact Department of Health and Human Services, Bureau of Food Protection immediately for further instructions on obtaining State Inspections. If an inspection fails twice for the same reason, a re-inspection fee of \$25 will be assessed for every subsequent inspection. This fee shall be paid prior to each and every additional inspection.

Certificate of Occupancy (C/O): A C/O must be issued PRIOR to any occupancy of a new residential and/or commercial structures or any structure where there is a change of use. A Certificate of Occupancy shall be clearly displayed in all structures of non-residential uses. For Commercial Projects, Electronic As-Builts must be submitted prior to issuance of a C/O.

It is the responsibility of the property owner and all contractors, electricians and plumbers to obtain and post the necessary permits in a conspicuous location before any work has begun. Electrical, Plumbing and Mechanical Work all require their own permits and inspections. Permits are non-transferable. If this is an "After the Fact" permit, it may be subject to a fee two times the normal permit fee, not to exceed \$500.00.

PLEASE BE ADVISED: Any deviation from the specifications submitted will require an amendment to this permit or additional permits. Permits expire one (1) year from the issue date. The Building Inspector/Code Officer may grant an extension of time if a written request is submitted prior to the expiration date. Permits become invalid if work is not started within 180 days or if work is abandoned/suspended for a period of 180 days. Food Service applicants should contact Department of Health and Human Services, Bureau of Food Protection immediately for further instructions.

The STATE OF NEW HAMPSHIRE requires that ENERGY CODE COMPLIANCE CERTIFICATION be obtained for any addition to a structure greater than 150 sq ft. You may also need to obtain Certification for altering, renovating or winterizing an existing structure. More information can be found at the web site: www.puc.state.nh.us and follow the link for Energy Codes.

No matter how minor the alteration to a structure are, if the applicant is making the alteration to accommodate a change of use, then the correct permit application is for a MAJOR BUILDING PERMIT and a Certificate of Occupancy will be required.

Applicants are advised that the making of a false statement on this form is a criminal offense.

Signature of Owner: _____ Date: _____

Signature of Contractor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Paid By: _____ CASH CHECK # _____

Received By: _____ Date: _____

FO FO/PD RF IN Fi OT

THIS PERMIT IS: ISSUED with the following conditions: DENIED for the following reason(s):

Approved By: _____ Date: _____