



# Town of New Ipswich

## BUILDING PERMIT APPLICATION

Permit # \_\_\_\_\_  
Approved: \_\_\_\_\_

**PERMIT CARD MUST BE VISIBLE FROM ROAD**

*All Permit Fees Must Be Paid Prior to Approval of Permit*

**Complete Sections 1 through 5 Entirely**

Print Legibly

Property Address: \_\_\_\_\_ Map/ Lot \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### PERMIT APPLICANT'S INFORMATION:

Contractor: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Architect/ Engineer Firm: \_\_\_\_\_

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Detailed Description of Work:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost of Improvements: \$ \_\_\_\_\_

**Please check off applications –**

#### 1- Type of Building to be completed:

- NEW BUILDING\*    ADDITION\*    ALTERATION\*
- REPAIR/ REPLACEMENT    POOL    SHED    DECK

\* Residential requires Energy Application Form EC-1 along with this application

#### 2-Use:

- One Family    Two Or More Family- # of Units \_\_\_\_\_    Garage (Residential)
- Garage (Commercial)    Barn/ Shed/ Agricultural    Hotel/ Motel/ Dorm- # of Units \_\_\_\_\_
- Office/ Professional    Industrial    Public Utility    Educational    Retail Store
- Restaurant    OTHER- Specify: \_\_\_\_\_

Non Residential- Describe in detail proposed use of buildings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3-Characteristics:**

Wood Frame  Masonry  Structural Steel  Reinforced Concrete  Other: \_\_\_\_\_  
Sewage-  Private (Septic)  Public      Water Supply-  Private (Well)  Public  
Heating-  Gas  Oil  Electric  Wood      Central Air-  Yes  No  
Elevator-  Yes  No

Total Parking Spaces: \_\_\_\_\_ # of Bathrooms: (Full) \_\_\_\_\_ (Partial) \_\_\_\_\_  
# of Bedrooms: \_\_\_\_\_ (Residential Only)

**Energy Compliance will be verified by:**  Blower Door Test  Visual Inspection  3<sup>rd</sup> Party

**4-Dimensions:**

Number of Stories: \_\_\_\_\_  
Square footage of all floor areas: \_\_\_\_\_ (Base on exterior dimensions)  
Total Land Area: \_\_\_\_\_ (Acres)

**5- Site Plan:**

Complete drawing of property layout with property lines; set back distances marked, proposed building(s) or additions and all additional buildings on following (attached) sheet.

**24 Hour Request Required for Inspections**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

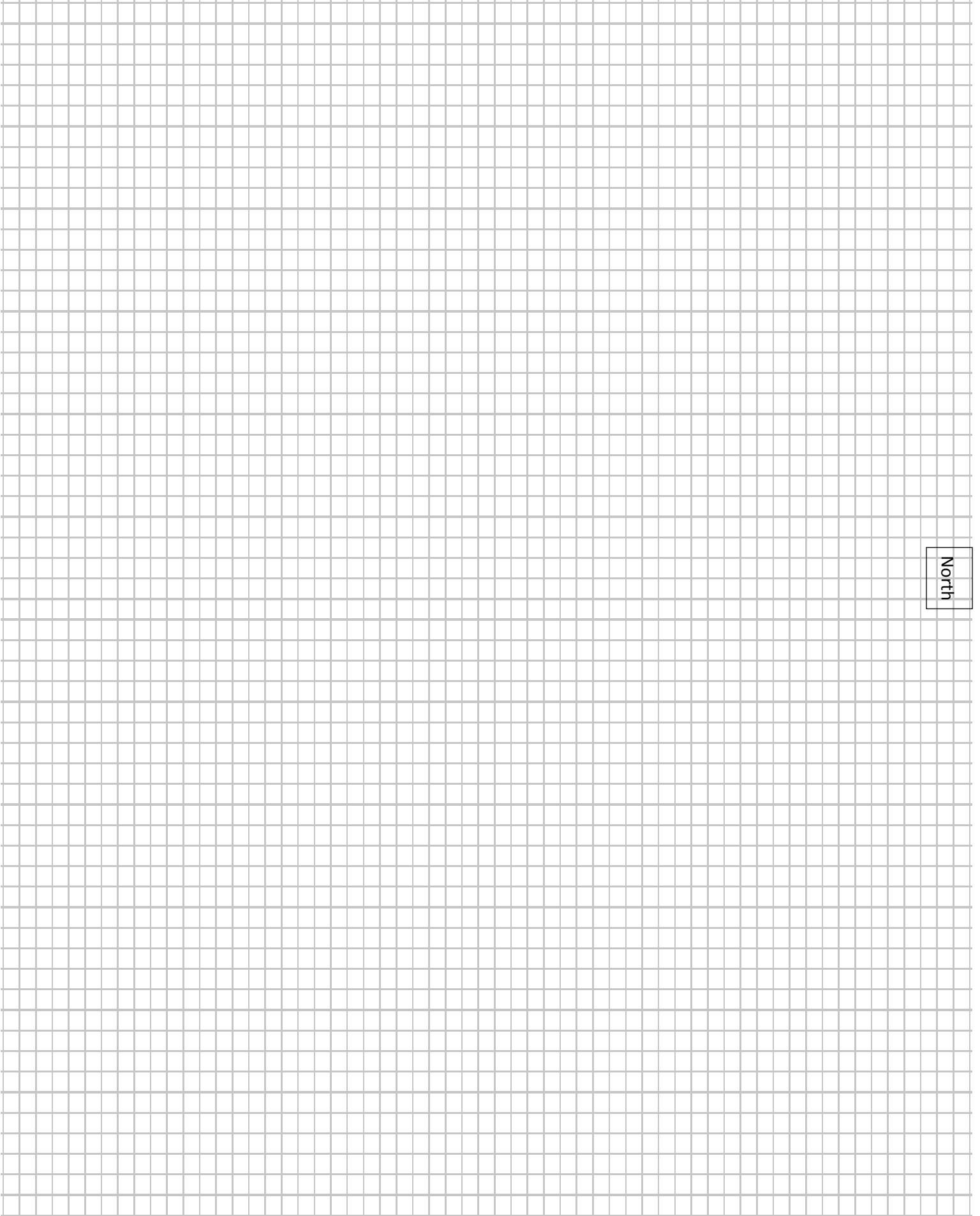
I certify that I OWN and OCCUPY the property listed above and will be installing myself.

*By signing above, I certify that the proposed work is authorized by the owner of record (or that I have been authorized by the owner to make this application as the authorized agent) and agree to conform to all applicable Codes and Laws of the Town of New Ipswich, New Hampshire.*

**OFFICE USE ONLY:**

**INSPECTORS REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Section 5- Site Plan



North

**OFFICE USE ONLY**

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CO Required? \_\_\_\_\_ Plan Review Date: \_\_\_\_\_

Fees:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL PERMIT COST: \_\_\_\_\_ PAYMENT INFORMATION: \_\_\_\_\_

Permit Approved? \_\_\_\_\_ Permit Number Issued: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Building Inspector*