



**BUILDING
PERMIT
APPLICATION**

**Town of Nottingham
Building Department**
P.O. Box 114/ 139 Stage Road Nottingham, NH 03290
Office 603-679-9597 Fax 603-679-1013
dsylvia@nottingham-nh.gov

(This area for office use only)

Issue Date: _____
Permit #: _____
Map # _____
Lot # _____
Sub Lot # _____

BUILDING LOCATION(Please Print)

Address _____

Between _____ and _____

Lot Size _____ Map _____ Lot _____ Sub Lot _____ Zone _____

APPLICANT (Please Print)

Business Name: (if applicable) _____

Applicant name: _____ Contact _____

Daytime phone _____ Mailing/home address: _____

Email address: _____

RESIDENTIAL	COMMERCIAL
<input type="checkbox"/> Single Family detached <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse (#of units _____) <input type="checkbox"/> Conversion <input type="checkbox"/> Other	<input type="checkbox"/> Office/Bank/Professional <input type="checkbox"/> Industrial/Warehouse <input type="checkbox"/> Restaurant <input type="checkbox"/> Multi- family (#of units _____) <input type="checkbox"/> Other
<input type="checkbox"/> Accessory (ADU) <input type="checkbox"/> Condo <input type="checkbox"/> Mfg/Mobile home <input type="checkbox"/> Relocation	<input type="checkbox"/> Garage <input type="checkbox"/> School <input type="checkbox"/> Store/Retail <input type="checkbox"/> Public/Government
<input type="checkbox"/> New dwelling <input type="checkbox"/> Addition <input type="checkbox"/> Alteration/Renovation <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Foundation only <input type="checkbox"/> Other _____ <input type="checkbox"/> Conversion of +/- dwelling units (#of units _____)	<input type="checkbox"/> Deck <input type="checkbox"/> Shed <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Porch <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Foundation only <input type="checkbox"/> Other _____ <input type="checkbox"/> Renovation (no structural changes) <input type="checkbox"/> Conversion from residential to commercial

General description of work & proposed use: Include location and specify size and dimension of building, room, shed, pool, etc. or addition. If use of existing building is being changed, enter proposed use.

Cost of project: \$	Estimated completion date:
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Building specifics:

Existing building sq. footage: _____ New/ renovated/ added sq. footage: _____ Total SF: _____



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Residential		Commercial/Industrial
#stories _____	<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Wood Frame
#bathrooms _____	<input type="checkbox"/> Steel Frame	<input type="checkbox"/> Steel Frame
#bedrooms _____	<input type="checkbox"/> Masonry Frame	<input type="checkbox"/> Masonry Frame
Water		Heating/AC
<input type="checkbox"/> Public or Private company	Septic disposal	Heat type _____
<input type="checkbox"/> Private well	<input type="checkbox"/> Private septic tank, etc.	Central A/C system _____
	<input type="checkbox"/> NH DES # _____	

APPLICATION CHECKLIST

Illegible or omitted information may result in delays or denial

- ☐ Completed and signed application
- ☐ Building plans to scale (stamped plans may be required for commercial projects)
- ☐ Plot plan showing location of new or accessory building (to scale)
- ☐ Additional permits and applications (driveway, electrical, plumbing, mechanical, etc.)

PLEASE CHECK ALL THAT APPLY:

- ☐ Property located in a floodplain area
- ☐ Property located in the Shoreland Protection District (NH DES permit required)
- ☐ Site disturbance greater than 5,000SF but less than 20,000SF (Stormwater permit required)
- ☐ Site disturbance greater than 20,000SF but less than 43,500SF (Stormwater permit & SWMP required)
- ☐ Site disturbance greater than 43,500 SF (Stormwater permit NOI and SWPPP required)
- ☐ New driveway

PLEASE PRINT ALL INFORMATION

* denotes required information

Name	Address, City, State & Zip code	Phone number
* Property Owner		
* Contact Information		
Contractor		
Engineer/ Architect		

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as the authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Signature of applicant

Address

Date

Building Inspector Fee

Permit#

Date