



**BOARD OF SELECTMEN**  
P.O. BOX 725  
FITZWILLIAM, NH 03447  
(603) 585-7723 Fax: (603) 585-7744  
Email: fitzwilliamnh@fitzwilliam-nh.gov

## Construction Permit Application

(For construction, addition, or alteration to buildings)

### Property Owner

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

Address: \_\_\_\_\_  
*Number Street Town State Zip*

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Permit Applicant

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

Address: \_\_\_\_\_  
*Number Street Town State Zip*

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Property Information

Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_  
*Number Street*

### Builders, Licensed Tradespeople & Professionals

Full Legal Name

License Number

Phone Number

Engineer of Record: \_\_\_\_\_

General Contractor: \_\_\_\_\_

Electrician: \_\_\_\_\_

Plumber: \_\_\_\_\_

### Types of Construction, Additions or Alterations

(check all that apply)

- New    Addition    Alteration/Remodel    Renewal of Building Permit Number \_\_\_\_\_
- Single Family    Duplex/Multi Family    Deck    Shed    Garage    Barn    Pool    Sign    Driveway
- Solar Energy System of:    Small Scale (generating up to 15 kilowatts)    Community Scale (15 kilowatts to 1 megawatt)  
 Utility Scale (1 megawatt or more)    Ground-Mounted    Roof-Mounted

All ground-mounted solar applicants shall completely bury all wiring underground pursuant to §148 of the Code of the Town of Fitzwilliam

## Description of Proposed Work

Total estimated cost of proposed work: \$ \_\_\_\_\_

If alteration, are the areas currently occupied or vacant? \_\_\_\_\_

**Description of proposed work:** Be specific, attach additional sheets as needed. Application must contain information to determine compliance with appropriate ordinances, regulation and law. Include location and specify size and dimension of each building, room, shed, pool, etc. **Scaled plans are required for all buildings, structures, and dwellings, as well as any remodeling or additions**

\_\_\_\_\_

\_\_\_\_\_

If change of use, please describe existing and proposed use:

\_\_\_\_\_

**Proposed Setbacks:**    Front \_\_\_\_\_ Rear \_\_\_\_\_ Left Side \_\_\_\_\_ Right Side \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Will the proposed building violate any building setback for the zoning district? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building be in the Shoreland Conservation District?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building be in the Wetland Protection District/Prime Wetland?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building be in the Historic District?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new or modified Town driveway entrance?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new or modified State driveway entrance?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new private water well?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building have a new geo-thermal heating/cooling system?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new/modified private septic system design?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new or modified State E911 address?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Owner Affidavit

I hereby certify that the information provided is true and correct to the best of my knowledge. No changes to the information provided shall be made without approval of the Board of Selectmen. I further grant the Board of Selectmen the right to enter the premises or buildings at reasonable times during the plan review process and inspections of the project during the construction phase. Construction activities will not start until the Building Permit has been issued.

I acknowledge that all work will be performed in accordance with the Town of Fitzwilliam Zoning Ordinance and the State of New Hampshire Building Code, and that the building will not be occupied or utilized until a Certificate of Occupancy has been issued.

Please indicate that you are the owner:

I am the owner of the property

\_\_\_\_\_  
*Signature of Property Owner*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

The Board of Selectmen reserve the right to verify any information submitted, including property line setbacks.

Office use only:

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash? \_\_\_\_\_

**TOWN OF FITZWILLIAM - WETLANDS PROTECTION OVERLAY DISTRICT APPLICATION**

Property Owner: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Brief Description of Project: \_\_\_\_\_  
\_\_\_\_\_

Setback from Wetlands: \_\_\_\_\_ Signature of Property Owner: \_\_\_\_\_

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**1. CODE ENFORCEMENT RECOMMENDATION:**

\_\_\_\_\_ Exempt \_\_\_\_\_ Will Not Affect Wetlands

\_\_\_\_\_ May Affect Wetlands – Refer to Conservation Commission

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Code Enforcement Date

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**2. CONSERVATION COMMISSION'S RECOMMENDATION:**

\_\_\_\_\_ Wetlands Not Affected \_\_\_\_\_ Wetlands Affected – Refer to Planning Board

\_\_\_\_\_ Wetlands Affected – Hearing not required – see comments

Comments (include site walk results): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Conservation Commission Date

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**3. PLANNING BOARD'S DETERMINATION:**

\_\_\_\_\_ Grant Conditional Use Approval \_\_\_\_\_ Deny (Applicant May Appeal)

\_\_\_\_\_ Beyond Scope of Conditional Use Approval – Refer to Zoning Board of Adjustment

Note: Invoices for expert services is to be paid by the applicant before a final decision is rendered.

Comments (include conditions for approval or reasons for denial): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
Planning Board Date

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**4. ZONING BOARD OF ADJUSTMENT'S DETERMINATION:**

\_\_\_\_\_ Special Exception Granted \_\_\_\_\_ Special Exception Denied

\_\_\_\_\_ Variance Granted \_\_\_\_\_ Variance Denied

Comments : \_\_\_\_\_  
\_\_\_\_\_

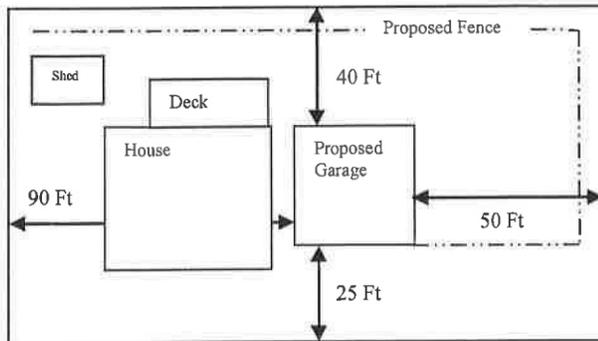
\_\_\_\_\_ \_\_\_\_\_  
Zoning Board of Adjustment Date

# Plot Plan

## Instructions:

- 1) Show the Property lines and road(s).
- 2) Show the proposed Structure and all existing structures.
- 3) Show the Measurements from the proposed and existing structures to all lot lines, measure straight through existing structures if needed.
- 4) Show measurements between structures.
- 5) Include the dimensions of the proposed structure.
- 6) Show all wetlands with measurements to existing and proposed structures.
- 7) Show zoning setbacks

## Sample Plan:



Signature \_\_\_\_\_

Date \_\_\_\_\_