



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: _____
Number Street Map: _____ Lot: _____

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 _____

Sing Family Duplex/Multi Family

Deck Shed Garage Barn Pool Sign Driveway

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 |

Applicant 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 or authorized agent:

I am the owner of the property

Signature of Applicant

Print Name

Date

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

Office use only:

Amount Paid: _____ Check Number: _____ Cash? _____