

**TOWN OF WINDHAM NEW HAMPSHIRE
COMMUNITY DEVELOPMENT DEPARTMENT
BUILDING SAFETY DIVISION
RESIDENTIAL BUILDING PERMIT APPLICATION**

It is the responsibility of the applicant and/or property owner to make certain that all requirements in the Town of Windham Zoning Ordinance, approved Subdivision Plan, and/or Town of Windham and State of NH Rules and Regulations are followed. .

Approval is given for the Windham Community Development Staff and/or agents are to enter upon and inspect the property as part of applying for this application.

Time limitation: Every permit issued shall become invalid unless the work on the site authorized by this permit, is commenced within 180 days of the permit issuance. (2015 ICC Section R105.5 IRC)

Location of Work: Map: _____ Block _____ Lot _____

Street Address: _____

Applicant Information Name _____

Address _____ Telephone _____

City / State / Zip Code _____

Owner Information Name _____

Address _____ Telephone _____

City/State/Zip Code _____

Staff use only			
Munis App #	_____	Date	_____
Bldg Permit Fee	_____	Check #	_____ Permit #
School Impact Fee	_____	Check #	_____
Public Safety Impact Fee	_____	Check #	_____

The undersigned hereby certify that they represent the property owners referenced in this application and that the owners have seen and approved the plans and specifications referenced in this application.

Owner / Applicant Signature _____
Date

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Application Fee \$25.00 + Heated areas .35 sq ft Unheated Areas \$0.12 sqft

Unheated Spaces

Basement	Garage	Deck	Porch	Sunroom	Other
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Heated Spaces

First floor	Second Floor	Third Floor	Other
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<input type="checkbox"/>	Plot plan drawn to scale for foot print expansion
<input type="checkbox"/>	2 sets of plans to scale with elevations, cross sections, basement, 1 st and 2 nd floors and roof framing 11" x 17" preferred
<input type="checkbox"/>	Energy compliance report
<input type="checkbox"/>	Cut sheets for lvls, glu-lams, steel beams etc.
<input type="checkbox"/>	Window type and size for emergency egress
<input type="checkbox"/>	Engineer stamp for all wood trusses
<input type="checkbox"/>	Fire department approvals for propane or oil appliances, tanks, furnaces
<input type="checkbox"/>	Septic approval for bedroom expansion of year round conversion
<input type="checkbox"/>	NHDES approval for shoreline or septic

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<input type="checkbox"/>	Well Permit Completion Report and large VOC water test
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

New Accessory Structure, or Alteration to Existing Structure (Check all that apply)

- | | | | |
|----------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> garage | <input type="checkbox"/> shed | <input type="checkbox"/> In ground pool | <input type="checkbox"/> above ground pool |
| <input type="checkbox"/> hot tub | <input type="checkbox"/> Sport Court | <input type="checkbox"/> addition | <input type="checkbox"/> other |

Describe Other (Please Print)

Size (Length X Width) _____ X _____ Square Feet _____ Est. Cost: _____

New Dwelling Type (Check One)

- Single Family Two Family Accessory Dwelling Unit