

Town of Salem, New Hampshire

Town Hall, 33 Geremonty Drive
Salem, New Hampshire 03079 603-890-2020

BUILDING PERMIT APPLICATION

Date _____ Permit # _____

Map _____ Lot _____ Unit# _____

Permitting Hours Monday through Friday

8:30-9:30am & 4:00-5:00pm

ADDRESS _____

www.townofsalemnh.org (application valid for 60 days)

NAME OF OCCUPANT _____ PHONE # _____

NAME OF OWNER _____ PHONE # _____

CONTRACTOR'S NAME _____ PHONE # _____

CONTRACTOR'S ADDRESS _____ CITY _____ STATE _____ ZIP _____

Impact fees are due prior to occupancy: New Dwelling \$ _____ Road Improvement \$ _____

Assessment fees for water and sewer are due prior to occupancy \$ _____

Zone _____ SET BACKS: Front _____ Side (L) _____ Side (R) _____ Rear _____ Corner Lot _____

Variance required? Yes No Floodplain? Yes No Wetlands? Yes No Historic District? Yes No

Town Water Town Sewer Private Well Private Septic **Fire Sprinklers? Yes No**

<i>RESIDENTIAL</i>	<i>COMMERCIAL</i>	<i>MISCELLANEOUS</i>
<input type="checkbox"/> Single Family (E,P,H, F)	<input type="checkbox"/> New Commercial (E,P,F,H)	<input type="checkbox"/> Sign (P)
<input type="checkbox"/> Apartment (E,P,H)	<input type="checkbox"/> Commercial Foundation (E,P,F,H)	<input type="checkbox"/> Shed
<input type="checkbox"/> Residential Add./Alt. (E,H)	<input type="checkbox"/> Add./Alt. (E,P,F,H, ENV)	<input type="checkbox"/> Pool (E,H)
<input type="checkbox"/> Residential Raze (E,H,ENV)	<input type="checkbox"/> Municipal Add./Alt. (E,P,F,H)	<input type="checkbox"/> Repair
<input type="checkbox"/> Manufactured Raze (E,H,PTM*)	<input type="checkbox"/> Hotel/Motel (E,P,F,H)	<input type="checkbox"/> Deck (E,H)
<input type="checkbox"/> Manufactured Home (E, H, F)	<input type="checkbox"/> Multi-Family (E,P,F,H)	<input type="checkbox"/> Casual Sales(P,F)
<input type="checkbox"/> Residential Garage (E,H)	<input type="checkbox"/> Commercial Raze (E,P,F,ENV)	<input type="checkbox"/> Renew Permit (E,P,H)
<input type="checkbox"/> Residential Foundation(E,P,H)	<input type="checkbox"/> Change of Use (E,P,F,H)	<input type="checkbox"/> _____
<input type="checkbox"/> Shoreland CSPA (E,P,H)	<input type="checkbox"/> Change of Occupant (E,P,F,H)	

E=Engineering P=Planning F=Fire H=Health ENV=Enviro. Survey

****Residential Addition & Alteration require smoke and carbon monoxide alarms to be upgraded**(IRC 314/ 315)**

****Existing Residential Fire Sprinklers shall be extended into additions/alterations****

***PTM=Permit to Move _____**

*****PLANS ARE REQUIRED TO BE SUBMITTED*****

Estimated Value: _____ Dig Safe _____ Fee: _____

Work Description and Uses: _____

Departmental Releases:

Town Planner (P) _____

Town Engineer (E) _____

Fire Marshal (F) _____

Health Officer (H) _____

Variance Sign Off _____

I (print name) _____ agree to meet all requirements of the applicable building codes & zoning ordinances & will not backfill or cover any work until inspections have been done and the installations are approved.

Signature of Applicant

Building Official

COMPLETE BOTH SIDES

SQUARE FEET OF FINISHED AREA

Area Description	Calculations	Total	Cost <small>Bldg Dpt Only</small>
First floor			
Second floor			
Above second floor			
Basement			
Garages			

SQUARE FEET OF UNFINISHED AREA

Area Description	Calculations	Total	Cost <small>Bldg Dpt Only</small>
First Floor			
Second Floor			
Above Second Floor			
Basement			
Garages			
Decks			

Work Description and Uses (for Building Official Only)