



TOWN OF STRAFFORD

INCORPORATED 1820

NEW HAMPSHIRE

OFFICE OF THE BUILDING INSPECTOR

12 Mountain View Drive Strafford, NH 03884

**BUILDING PERMIT APPLICATION**

**Please complete all applicable information listed below**

Location of Construction (Address): \_\_\_\_\_ Map# \_\_\_\_\_ Lot# \_\_\_\_\_

Applicant/Contractor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Permit Information**

Proposed Construction Type: (Check all that apply)	<input type="checkbox"/>	New Single-Family Dwelling	
	<input type="checkbox"/>	New Two-Family Dwelling	
	<input type="checkbox"/>	New Mobile Home/Pre-manufactured	
	<input type="checkbox"/>	Addition/Renovation	
	<input type="checkbox"/>	New Commercial Structure	
	<input type="checkbox"/>	ADU	
	<input type="checkbox"/>	Other Description:	
Total Square Feet of Finished Area's:		Total SQ FT of Unfinished Area's & Decks/Porches:	
Type of Heating system:		Cost of Construction:	\$

**Description of work to be performed:**

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**Please provide the following with application: Structural & Floor Plans, Driveway Permit, Plot Plan, Septic Plan, Completed E-911 Address Application, Copy of deed, NH Residential Energy Code Application (EC-1).**

As Applicant I swear to the best of my knowledge that all information above is accurate. This signed application constitutes consent on the applicant's part to allow for inspections at the property by Code Enforcement, Assessing Office, & Fire Department. The undersigned hereby agrees that the proposed work shall be done in accordance with all State and Town Building codes, Setbacks, & regulations. Applicant will notify the Building Inspector when ready for final inspection. Fire Department approval may be required. A dwelling may not be occupied without signed Certificate of Occupancy or Use.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Information Below Completed by Building Inspector)

Building Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PERMIT APPROVED  PERMIT # \_\_\_\_\_

Total Permit Fee: \$ \_\_\_\_\_

Paid: \$ \_\_\_\_\_

Notes/Conditions: \_\_\_\_\_

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