



Town of Candia Building Department

74 High St.
Candia, NH 03034
(603) 483-1015

RESIDENTIAL PERMIT APPLICATION

Building Permit # _____ - _____ Map _____ Block _____ Lot _____ Zone _____

PROJECT ADDRESS
(required)

PROPERTY OWNER FULL NAME _____ PHONE NUMBER _____

MAILING ADDRESS _____ CITY, STATE, ZIP _____ EMAIL ADDRESS _____

I acknowledge that the proposed structure or improvement(s) shall not be occupied or otherwise utilized without the issuance of a CERTIFICATE OF OCCUPANCY or CERTIFICATE OF FINAL INSPECTION. A Certificate of Occupancy or Certificate of Final Inspection is required for all permits upon completion of all final inspections.

PROPERTY OWNER SIGNATURE (or letter indicating the proposed work is to be performed with his/her approval) _____ DATE _____

Project Information (Check all that apply): Foundation Only: _____ New Single-Family Dwelling: _____ Bed Bottom: _____

New Multi-Family Dwelling: _____ Accessory Apartment: _____ Residential Addition: _____ Accessory Building: _____

Garage/Barn: _____ Internal Renovation: _____ External Renovation: _____ Fireplace Gas: _____ Solar Array: _____

Generator: _____ Central Air: _____ Mini-Split System: _____ Gas Heat: _____ Electric Heat: _____ Propane Tank: _____ Oil Tank: _____

Oil Burner: _____ Window/Door Replacement: _____ Siding: _____ Roofing: _____ Deck: _____ Pellet Stove: _____ Wood Stove: _____

Shed: _____ Pool: _____ Electric Service _____ Other: _____ Gas/Oil Line: _____ Water Heater: _____ Plumbing: _____

Setbacks: Left: _____ Right: _____ Back: _____ Front: _____

Total # of Bedrooms: E= _____ PT= _____ Total # of Bathrooms: E= _____ PT= _____ Gross Living Area Sq': E= _____ PT= _____

*(Existing = E and Proposed Total = PT)

State approval Septic System # _____ Approval Date: _____ #of State Approved Bedrooms: _____

Impact Fee Amount _____ Check # _____ Received by _____

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Description of Work (include dimensions/materials/scope of work)-Additional space on page 3 if needed: _____

Approved for construction:

BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER _____ **DATE** _____

Conditions of this building permit approval: _____

Foundation Permit #20 _____ - _____ Business Name: _____

Mailing Address: _____ City/Town: _____ Zip: _____

Phone # _____ Email: _____

First/Last Name: _____ **Applicant's Signature:** _____

Job Description: _____

Cost of Construction \$ _____ **Permit Fee \$** _____ Check#/Cash _____

Residential Permit #20 _____ - _____ Business Name: _____

Mailing Address: _____ City/Town: _____ Zip: _____

Phone # _____ Email: _____

First/Last Name: _____ **Applicant's Signature:** _____

Job Description: _____

Cost of Construction \$ _____ **Permit Fee \$** _____ Check#/Cash _____

Licensed Trade Permit #20 _____ - _____ **CHECK THE LICENSED TRADE PERMIT THAT'S BEING APPLIED FOR :**

_____ **Electric** _____ **Plumbing** _____ **Gas** _____ **HVAC/MECH.** _____ **Well**

Business Name: _____ License # _____ Mailing Address: _____

City/Town: _____ Zip: _____ Phone # _____

Email: _____ First/Last Name: _____

Applicant's Signature: _____ Job Description: _____

Cost of Construction \$ _____ **Permit Fee \$** _____ Check#/Cash _____

Licensed Trade Permit #20 _____ - _____ **CHECK THE LICENSED TRADE PERMIT THAT'S BEING APPLIED FOR :**

_____ **Electric** _____ **Plumbing** _____ **Gas** _____ **HVAC/MECH.** _____ **Well**

Business Name: _____ License # _____ Mailing Address: _____

City/Town: _____ Zip: _____ Phone # _____

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Cost of Construction \$ _____ **Permit Fee \$** _____ Check#/Cash _____

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Business Name: _____ License # _____ Mailing Address: _____

City/Town: _____ Zip: _____ Phone # _____

Email: _____ First/Last Name: _____

Applicant's Signature: _____ Job Description: _____

Cost of Construction \$ _____ **Permit Fee \$** _____ Check#/Cash _____

ATTACHMENTS & SUBMITTALS THAT MAY BE REQUIRED AT TIME OF APPLICATION

1 Large Paper "Permit Set" of Construction Plans	Septic Approval & Design
1 11x17 Paper "File Set" of Construction Plans	Plot Plan w/Setbacks showing proposed Structures
1 Electronic Set of Construction Plans	Copy of Planning and/or Zoning Decision (if applicable)
Property Owner Sign-Off (Permit/Letter/Email to Bldg Office)	Driveway Permit

