

TOWN of CANDIA

DESIGN CRITERIA

74 High Street
Candia, NH 03034
603-483-1015

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

75psf Ground Snow Load
95 mph Wind Speed
4 ft Frost Line Depth

SUBMISSION CHECKLIST

Application Date ____/____/____	<input type="checkbox"/> FULL SET OF DRWGS INCL SITE PLAN	<input type="checkbox"/> DRIVEWAY APPROVAL	Is Owner Applicant?
	<input type="checkbox"/> SEPTIC APPRVL #	<input type="checkbox"/> ENERGY COMPLIANCE	____ Yes ____ No

PROPERTY INFORMATION

Street Address	Zoning	Map	Lot
Use Group: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other _____			

OWNER INFORMATION

Owners Name or Business Name	Telephone Number	Email
Street Address	Town/City	State Zip Code

CONTRACTOR INFORMATION

	CONTRACTOR	ADDRESS, CITY, STATE, ZIP	PHONE & EMAIL
Architect			
Gen'l Contractor			
Electrician			
Plumber			
Septic			
Mechanical / HVAC			
Fire Sprinkler			
Fire Alarm			

DESCRIPTION of WORK

Estimated Start ____/____/____	Estimated Finish ____/____/____	Estimated Cost \$ _____

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE

Application Rec'd ____/____/____	BY: _____ Initial	App. Complete ____/____/____	BY: _____ Initial
Permit to:			
Building Permit :	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Referred to: _____
Permit Fee:			
Building Dept: \$ _____	Fire Dept: \$ _____	TOTAL FEE: \$ _____	
Building Permit No. _____	Bldg Permit Issued: _____		
Approved by: _____	Building Code Official		Date: ____/____/____

BUILDING PERMIT APPLICATION

Are there any wetlands on this Site? _____ Yes _____ No	PROPOSED USE:	
Is this Structure in a Flood Plain? _____ Yes _____ No	ASSEMBLY _____ Theater (A-1) _____ Restaurant, Night Club, Etc (A-2) _____ Church, Library, Gym, Etc (A-3) _____ Indoor Arena, Pool, Etc (A-4) _____ Outdoor Stadiums, Etc (A-5)	INSTITUTIONAL _____ Group Home (I-1) _____ Hospital (I-2) _____ Detention Center, Jail, Etc (I-3) _____ Day Care any age (I-4)
IMPROVEMENT TYPE: _____ NEW CONSTRUCTION _____ ADDITION _____ ALTERATION _____ REPAIR / REPLACEMENT _____ DEMOLITION _____ RELOCATION _____ FOUNDATION ONLY _____ CHANGE OF USE	BUSINESS _____ Business EDUCATION _____ Grades 1-12 _____ Daycare FACTORY _____ Factory Industrial Group F _____ Moderate Hazard Group F-1 _____ Low Hazard Group F-2	MERCANTILE _____ Retail (M) RESIDENTIAL _____ Hotel, Motel (R-1) _____ Multi-Family (R-2) _____ One & Two Family (R-3) _____ Res. Care, Assist. Living (R-4)
_____ <u>Applies to Non-Residential Only</u> TYPE OF CONSTRUCTION (Circle one) 1A 1B 2A 2B 3A 3B 4 5A 5B	HIGH HAZARD _____ High Hazard (H)	STORAGE _____ Moderate Hazard (S-1) _____ Low Hazard (S-2) UTILITY _____ Accessory Buildings (U)

FRAME TYPE	<input type="checkbox"/> Steel	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
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INTERIOR WALLS	<input type="checkbox"/> Steel	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
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	Number of Feet:		Number of:		Sq Ft (or Acres) of:
Frontage		Stories		Lot Area	
Front Setback		Bedrooms		Foundation Area	
Rear Setback		Full Baths		Finished Living Area	
Left Setback		Partial Baths		Unf. Basement	
Right Setback		Fireplace/Fuel Type		Unf. Area (Attic,W/U)	
Wetland Setback		Garage-Attached		Garage	
Building Height		Garage-Under		Covered Porch	
Number of Residential Units		Garage-Detached		Open Deck	
		Outside Parking			

IS WORK BEING PERFORMED ON THE FOLLOWING SYSTEMS?

Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Service <input type="checkbox"/> New <input type="checkbox"/> Upgrade Size _____ Amps Plumbing (Drain, Waste & Vent) <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Piping <input type="checkbox"/> Yes <input type="checkbox"/> No # of Shutoff Valves _____ Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial Exhaust Hood System <input type="checkbox"/> Yes <input type="checkbox"/> No
WATER SUPPLY: <input type="checkbox"/> Well on Lot <input type="checkbox"/> Municipal/Public HEATING FUEL: <input type="checkbox"/> LP Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____	SEWER TYPE: <input type="checkbox"/> Individual Septic <input type="checkbox"/> Municipal/Public NO. OF BURNERS _____
FUEL STORAGE: Size: _____ <input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Above Ground <input type="checkbox"/> Buried

This is to certify that all plans and specifications provided with this application will be followed during construction and any changes made will be only after notifying the Building Code Official. That the proposed work is authorized by the owner of record and that I have been authorized by the owner to make application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

NOTE: One full set of construction drawings including structural details and a plot plan of the lot showing all setbacks to lot lines from the structure must be attached.

APPLICANT: _____
 Signature

_____ Date: ____/____/____
 Print