

TOWN OF SALISBURY
9 Old Coach Road, P.O. Box 214
Salisbury, NH 03268
603-648-2473 Fax 603-648-6658 e-mail: seloff@tds.net

Permit # _____

APPLICATION FOR BUILDING PERMIT

Name of Owner _____ Tel. # _____

Address (including mailing address) _____

Location _____ Tax Map _____ Lot # _____

Name of Contractor _____ Tel. # _____

Work Proposed _____

Intended Use _____

Zoning District _____ Road Frontage _____ Lot Size _____

Building Size: Dimensions _____ Sq. Ft. _____ # of Rooms _____

Building Setbacks: Front _____ Rear _____ Sidelines _____

Foundation Material _____ Footing Size _____ Full / Partial / Piers _____

Girder Size _____ Span _____ Exterior Walls _____ O.C. _____

Floor Joists: 1st Floor – Dimensions _____ O.C. _____ Span _____

2nd Floor – Dimensions _____ O.C. _____ Span _____

Rafters: Dimensions _____ O.C. _____ Roof Pitch _____

Roofing Material _____

Exterior Finish Siding _____

Construction plans attached: Yes / No NHDES Septic Approval # _____

Septic Installer _____ Lic. # _____ Tel. # _____

Plumber _____ Lic. # _____ Tel. # _____

Electrician _____ Lic. # _____ Tel. # _____

Well Installer _____ Lic. # _____ Tel. # _____

The undersigned hereby agrees that the proposed work shall be done in accordance with the foregoing statement and with the Plan submitted; and that the work connected therewith shall conform to the Building Code of the Town of Salisbury; and that the owner will notify the Building Inspector of any changes in the foregoing statement or Plot Plan.

Signature of Applicant _____ Date _____

Upon signature of the Building Inspector, this application will become the Building Permit.

BUILDING INSPECTOR

DATE ISSUED

EXPIRATION DATE

Permit Denied _____

OFFICE USE:

Plot Plan _____

Zoning _____

WSPCC _____

Driveway Approval _____

ZBA _____

Heating _____

Site Plan Review _____

E-911 # _____

Flood Map _____

Energy Code _____

Fee / Paid _____