

**TOWN OF WINDHAM NEW HAMPSHIRE
BUILDING SAFETY DIVISION
RESIDENTIAL BUILDING PERMIT APPLICATION**

It is the responsibility of the applicant and or homeowner to make certain that all setback requirements are maintained per the Windham Zoning & Land Use regulations.
Time limitation: Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days. 2009 ICC Section R105.5 IRC

Location of Work: Map: _____ Block _____ Lot _____

Street Address: _____

Applicant Information Name _____

Address _____ Telephone _____

City / State / Zip Code _____

Owner Information Name _____

Address _____ Telephone _____

City / State / Zip Code _____

Staff use only			
Munis App #	_____	Date	_____
		Fee	_____
Bldg Permit #	_____	Check #	_____
*School Impact Fee Assessment	\$ _____	Date	_____
		Check #	_____
		DATE	_____
*Public Safety Impact Fee Assessment	\$ _____	Date	_____
		Check #	_____
		DATE	_____

*THE ABOVE IMPACT FEE(S) IS TO BE PAID AT ISSUANCE OF THE CERTIFICATE OF OCCUPANCY.

I / We authorize the Windham Building Official and or Community Development Staff to enter upon and inspect the property listed above for action on this application.

The undersigned hereby certify that they represent the property owners referenced in this application and that the owners have seen and approved the plans and specifications referenced in this application as they are in accordance with their needs and desires.

Owner / Applicant Signature

Date

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Application Fee \$25.00 + Heated areas @ .35 Unheated Areas @ .12
per Square Foot

Unheated Spaces

Basement	Garage	Deck	Porch	Sunroom	Other
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Heated Spaces

First floor	Second Floor	Third Floor	Other
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<input type="checkbox"/>	Plot plan drawn to scale for foot print expansion
<input type="checkbox"/>	2 sets of plans to scale with elevations, cross sections, basement, 1 st and 2 nd floors and roof framing 11" x 17" plan preferred
<input type="checkbox"/>	Energy compliance report
<input type="checkbox"/>	Cut sheets for lvls, glu-lams, steel beams etc.
<input type="checkbox"/>	Window type and size for emergency egress
<input type="checkbox"/>	Engineer stamp for all wood trusses
<input type="checkbox"/>	Fire department approvals for propane or oil appliances, tanks, furnaces
<input type="checkbox"/>	Septic approval for bedroom expansion of year round conversion
<input type="checkbox"/>	NHDES approval for shoreline or septic
<input type="checkbox"/>	Well Permit Completion Report and large VOC water test
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

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New Accessory Structure, or Alteration to Existing Structure (Check all that apply)

garage shed In ground pool above ground pool
 hot tub accessory apartment addition other

Describe Work being done
(Please Print)

Size (Length X Width) _____ X _____ Square Feet _____ Est. Cost: _____

New Dwelling Type (Check One)

Single Family Two Family Accessory apartment