



DANVILLE, NEW HAMPSHIRE

APPLICATION FOR
PLAN EXAMINATION
AND BUILDING PERMIT

IMPORTANT – Applicant to complete all items in sections I, II, III, IV, and IX

I. Location	Street Address _____ Cross Streets: between _____ and _____ Subdivision _____ Map _____ Lot _____ Sublot _____ Lot Size _____
--------------------	---

II. Type and Cost of Building – Applicant to complete Parts A through D

A. TYPE OF IMPROVEMENT: <input type="checkbox"/> New Building <input type="checkbox"/> Addition (if residential, enter number of new housing units added, if any, in Part D) <input type="checkbox"/> Alteration <input type="checkbox"/> Repair, Replacement <input type="checkbox"/> Demolition (if multi-unit building, enter number of units in building in Part D) <input type="checkbox"/> Relocation <input type="checkbox"/> Foundation only <input type="checkbox"/> Other _____ _____	D. PROPOSED USE – for “Demolition” most recent use: <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> Residential: <input type="checkbox"/> One family <input type="checkbox"/> Two or more families: Enter number of units _____ <input type="checkbox"/> Transient hotel, motel, or dormitory: Enter number of units _____ <input type="checkbox"/> Garage ○ Detached ○ Attached <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Barn <input type="checkbox"/> Pool <input type="checkbox"/> Other _____ </td> <td style="width:50%; vertical-align: top;"> Nonresidential: <input type="checkbox"/> Recreational <input type="checkbox"/> Church/Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station/Repair garage <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Professional offices <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Store/mercantile <input type="checkbox"/> Tank/tower <input type="checkbox"/> Other _____ _____ </td> </tr> </table>	Residential: <input type="checkbox"/> One family <input type="checkbox"/> Two or more families: Enter number of units _____ <input type="checkbox"/> Transient hotel, motel, or dormitory: Enter number of units _____ <input type="checkbox"/> Garage ○ Detached ○ Attached <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Barn <input type="checkbox"/> Pool <input type="checkbox"/> Other _____	Nonresidential: <input type="checkbox"/> Recreational <input type="checkbox"/> Church/Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station/Repair garage <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Professional offices <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Store/mercantile <input type="checkbox"/> Tank/tower <input type="checkbox"/> Other _____ _____
Residential: <input type="checkbox"/> One family <input type="checkbox"/> Two or more families: Enter number of units _____ <input type="checkbox"/> Transient hotel, motel, or dormitory: Enter number of units _____ <input type="checkbox"/> Garage ○ Detached ○ Attached <input type="checkbox"/> Carport <input type="checkbox"/> Shed <input type="checkbox"/> Barn <input type="checkbox"/> Pool <input type="checkbox"/> Other _____	Nonresidential: <input type="checkbox"/> Recreational <input type="checkbox"/> Church/Religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station/Repair garage <input type="checkbox"/> Hospital/Institution <input type="checkbox"/> Professional offices <input type="checkbox"/> Public utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Store/mercantile <input type="checkbox"/> Tank/tower <input type="checkbox"/> Other _____ _____		
B. OWNERSHIP: <input type="checkbox"/> Public (individual, corporation, nonprofit institution, etc.) <input type="checkbox"/> Private (federal, state, or local government)			

C. COST: Cost of Improvement: \$ _____ To be installed but not included in the above cost: a. electrical \$ _____ b. plumbing \$ _____ c. heating, air conditioning \$ _____ d. other \$ _____ Total Cost of Improvement \$ _____	Describe in detail the proposed use of the building(s). If existing use is being changed, enter proposed use: _____ _____ _____ _____
---	---

III. Selected Characteristics of Building(s) – For new buildings and additions, complete parts E-L; for demolition, complete part J only. For all others, skip to IV.

E. PRINCIPAL TYPE OF FRAME: <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other – specify _____	G. TYPE OF SEWAGE DISPOSAL: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Shared with abutter H. TYPE OF WATER SUPPLY: <input type="checkbox"/> Public <input type="checkbox"/> Private (well, cistern)	J. DIMENSIONS: a. Number of Stories _____ b. Total square feet of floor area, all floors, based on exterior dimensions _____ c. Total land area, sq. ft. _____
F. PRINCIPAL TYPE OF HEATING FUEL: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Other – specify _____	I. TYPE OF MECHANICAL: Will there be central air conditioning? ○ Yes ○ No Will there be an elevator? ○ Yes ○ No	K. NUMBER OF OFF-STREET PARKING SPACES: a. Enclosed _____ b. Outdoors _____ L. RESIDENTIAL BUILDINGS ONLY: a. Number of Bedrooms _____ b. Number of Bathrooms _____

IV. Identification – To be completed by applicant			
Name		Mailing Address	Phone Number
Owner or Lessee			
Contractor			
Architect or Engineer			
<i>I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his/her authorized agent and we agree to conform to all applicable laws of this jurisdiction.</i>			
Signature of applicant		Address	Date

Below For Office Use Only

V. Plan Review Record							
Plan Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
Building		\$					
Plumbing		\$					
Mechanical		\$					
Electrical		\$					
Other _____		\$					

VI. Additional Permits Required or Other Jurisdiction Approvals									
Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
Boiler					Plumbing				
Curb or Sidewalk Cut					Roof				
Elevator					Sewer				
Furnace					Sign or Billboard				
Grading					Street Grades				
Oil Burner					Use of Public Areas				
Other _____					Other _____				

VII. Validation
Building Permit Number: _____
Building Permit Issue Date: _____
Building Permit Fee: _____
Approved By: _____
Certificate of Occupancy Issue Date: _____

