

# Major Building Permit Application

New Castle, New Hampshire  
Office of Code Enforcement  
49 Main St. 03854  
Telephone: (603) 431-6710 ext 15

Issue Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

(This area for office use only)

Map # \_\_\_\_\_

Lot # \_\_\_\_\_

Zone \_\_\_\_\_

Location of Construction (Address): \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Daytime #: \_\_\_\_\_

Owner's email address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Proposed Construction is for:*

*(check only one)*

New Single-Family Dwelling

New Commercial Structure

New Two-Family Home

Residential Addition > 400 Sq Ft

New Multi-Family Dwelling

Commercial Addition > 400 Sq Ft

Other: \_\_\_\_\_

Replacement / New Mobile Home

**( for 399 sq ft or less - use Minor Permit)**

*Is property within the following?*

*(You must respond to all)*

Historic District (Yes / No)

Approved Site Plan (Yes / No)

Major or Minor Subdivision (Yes / No)

A Current Use parcel (Yes / No)

Flood Hazard Area – per the Flood Insurance Rate Map (Yes / No)

Is proposed work located within 100 feet of a jurisdictional Wetland Area (Yes / No) –if so please document.

*Land Information:*

City Water ( Yes / No )

Corner Lot ( Yes / No )

City Sewer ( Yes / No )

Description of work to be performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Owner Signature

Date

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**EXISTING (or PREVIOUS) CONDITIONS**

**Existing Use:** (land only  - if so skip to "B")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential\_\_\_ Commercial\_\_\_ Mixed Use (both)\_\_\_

**Existing Structures**

Existing # of Buildings on site: \_\_\_\_\_

Total Sq Ft of existing building(s): \_\_\_\_\_

Garage Parking: \_\_\_\_\_ Exterior Parking: \_\_\_\_\_

Electrical Service: \_\_\_\_\_

Type of Heat: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

# of Fireplaces: \_\_\_\_\_ # of Kitchens: \_\_\_\_\_

Foundation Type: \_\_\_\_\_ Building Height: \_\_\_\_\_

# of Full Baths: \_\_\_\_\_ # of Partial Baths: \_\_\_\_\_

**For Residential Units: (Existing Conditions)**

# of Units: \_\_\_\_\_

# of Bathrooms: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_

**For Commercial Units: (Existing Conditions)**

# of Units: \_\_\_\_\_

Office Area (sq ft): \_\_\_\_\_

Office Area (sq ft): \_\_\_\_\_

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**PROPOSED CONDITIONS**

**Proposed Use:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential\_\_\_ Commercial\_\_\_ Mixed Use (both)\_\_\_

**Setbacks:** (from the new structure to all lot lines, measure through existing structures if needed.)

Front Setback: \_\_\_\_\_ Left Setbacks: \_\_\_\_\_

Rear Setback \_\_\_\_\_ Right Setbacks: \_\_\_\_\_

**Proposed Structures (Total of existing + proposed)**

Proposed # of Buildings on site: \_\_\_\_\_

Total Sq Ft of proposed building(s): \_\_\_\_\_

Garage Parking: \_\_\_\_\_ Exterior Parking: \_\_\_\_\_

Electrical Service: \_\_\_\_\_

Type of Heat: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

# of Fireplaces: \_\_\_\_\_ # of Kitchens: \_\_\_\_\_

Foundation Type: \_\_\_\_\_ Building Height: \_\_\_\_\_

# of Full Baths: \_\_\_\_\_ # of Partial Baths: \_\_\_\_\_

**For Residential Units: (Total of existing + proposed)**

Proposed # of units: \_\_\_\_\_

Proposed # of Bathrooms: \_\_\_\_\_

Proposed # of Bedrooms: \_\_\_\_\_

**For Commercial Units: (Total of existing + proposed)**

Proposed # of units: \_\_\_\_\_

Proposed Office Area: \_\_\_\_\_

Proposed Other Area: \_\_\_\_\_

ATTACHMENTS AND SUBMITTALS REQUIRED AT THE TIME OF APPLICATION	
For Residential 1 and 2 Family	For Commercial or Multi-unit Residential
Plan of overhead view showing setbacks and all existing and proposed construction. <input type="checkbox"/>	Plan of overhead view showing setbacks and all existing and proposed construction. <input type="checkbox"/>
Driveway Permit (copy attached) <input type="checkbox"/>	Driveway Permit (copy attached) <input type="checkbox"/>
Sewer Permit (copy attached) Or N.H. Approved Septic Design <input type="checkbox"/>	Sewer Permit (copy attached) Or N.H. Approved Septic Design <input type="checkbox"/>
Water Connection Fee Paid (copy of receipt attached) <input type="checkbox"/>	Water Connection Fee Paid (copy of receipt attached) <input type="checkbox"/>
Two (2) full sets of building plans <input type="checkbox"/>	Three (3) full sets of stamped plans <input type="checkbox"/>
P.U. C. or Energy Compliance # <input type="checkbox"/>	Letter of Energy Compliance, or Energy Compliance Number <input type="checkbox"/>
Copy of Planning Board or Zoning Decision (if applicable) <input type="checkbox"/>	Copy of Planning Board or Zoning Decision (if applicable) <input type="checkbox"/>
Have you filled out page two Section A and B completely? <input type="checkbox"/>	Have you filled out page two Section A and B completely? <input type="checkbox"/>
Foundation Certification – This is due prior to C/O, it is advised this done as soon as applicable.	Foundation Certification – This is due prior to C/O, it is advised this done as soon as applicable.
	Waste Water Permit Application
	Fire Department – Plans submitted when required (see the Code Officer for Details)

Please be advised, the order of inspections, for the **Building Inspector Only**, are as follows:

- |                                       |                             |
|---------------------------------------|-----------------------------|
| 1. Footing Inspection                 | 4. Rough Framing Inspection |
| 2. Foundation Inspection / Pier Depth | 5. Insulation Inspection    |
| 3. Foundation Drains                  | 6. Final Inspection         |

Note: Not all inspections may apply to every situation and additional inspections may be required as needed. Electrical, Plumbing and Mechanical Work all require their own inspections.

Certification of Accuracy: As owner of record, I certify that all information contained within this application is true and accurate to the best of my knowledge and belief.

Certification of Compliance: I hereby certify that I am familiar with all pertinent codes relating to the above specified work, and that all work shall be performed in compliance with these codes, also that I am familiar with the Town of New Castle Ordinance, Table of Uses, and all other dimensional Regulations.

Inspections: This signed application constitutes consent on the applicant's part to allow for inspections at the property by the Code Office, Assessing Office and any other required City Staff. Any work that is covered prior to the inspection may be required to be removed for inspection. Food Service applicants should contact Department of Health and Human Services, Bureau of Food Protection immediately for further instructions on obtaining State Inspections. A re-inspection fee may be assessed after an inspection type fails or is missed twice.

Certificate of Occupancy (C/O): A C/O must be issued PRIOR to any occupancy of residential and/or commercial structures. A Certificate of Occupancy shall be clearly displayed in all structures of non-residential uses. For Commercial Projects, Electronic As-Builts must be submitted prior to issuance of a C/O.

Permits are non – transferable. If this is an “After the Fact” permit, it may be subject to a fee two times the normal permit fee.

Applicants are advised that the making of a false statement on this form is a criminal offense.

Cost of Construction: \_\_\_\_\_ Permit Fee: \_\_\_\_\_  
(Permit fee is based on \$7.00 per \$1,000.00 of Construction Cost plus a \$10.00 application fee)

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

Paid By: \_\_\_\_\_  CASH  CHECK # \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

THIS PERMIT IS:  ISSUED with the following conditions:  DENIED for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_