

Town of Jaffrey
RESIDENTIAL BUILDING PERMIT
- 2018 IRC -

Building Inspector
(603) 532-7445
Fax (603) 532-7862
rdeschenes@townofjaffrey.com

Permit # _____

Property Address: _____ Unit # _____ Map/Lot# _____

PROPERTY OWNER

Name: _____ Address: _____

Phone: _____ Cell Phone: _____ Email: _____

APPLICANT

Name: _____ Address: _____

Phone: _____ Cell Phone: _____ Email: _____

BUILDERS & LICENSED TRADESPEOPLE

Legal Name	Signature	License #	Phone Number
Builder: _____	_____	_____	_____
Electrician: _____	_____	_____	_____
Plumber: _____	_____	_____	_____
Mechanical: _____	_____	_____	_____

TYPE OF WORK

- ☐ New ☐ Addition ☐ Alteration/Remodel ☐ Renewal of Building Permit # _____
- ☐ Single-Family ☐ Two-Family ☐ Condo ☐ Townhouse ☐ Accessory Dwelling Unit
- ☐ Deck ☐ Shed ☐ Garage ☐ Barn ☐ Pool
- ☐ Mechanical ☐ Plumbing ☐ Electrical (including PV solar) ☐ Generator
- ☐ Demo ☐ Other _____

DESCRIPTION OF PROPOSED WORK

Total estimated cost of proposed work: \$ _____

Change of use? ☐ YES or ☐ NO

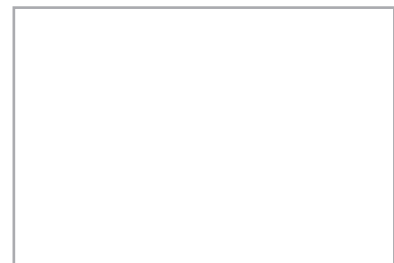
Description of proposed work: _____

BUILDING PERMIT FEES

Application Fee \$ _____

Date Received _____

Cash _____ Check # _____ CC _____



Town Use Only

This permit application expires if work does not commence within 180 days from accepted as complete.

No change from the information in the application will be made without approval of the Building Official.

Construction activities shall not commence until the building permit is issued.

Property Address: _____

DESCRIPTION OF WORK

Proposed Setbacks: Front _____ Rear _____ Left Side _____ Right Side _____

- | | | |
|--|------------------------------|-----------------------------|
| Will the proposed building violate any building setback for the zoning district?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building be in the Shoreland Conservation District?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building be in the Wetland Conservation District? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building be in a Special Flood Hazard Area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new Town driveway entrance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new Town water connection?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new Town sewer connection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building require a new septic system design?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building have a new oil burning boiler, furnace or appliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building have a new gas burning boiler, furnace or appliance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the proposed building have a new wood or pellet boiler, furnace or fireplace? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SITE OR PLOT PLAN

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

AFFIDAVIT

I hereby certify that the information provided is true and correct to the best of my knowledge. No changes to the information provided shall be made without approval of the Code Enforcement Officer. I further grant the Code Enforcement Officer the right to enter the premises or buildings at reasonable times during the plan review process and inspections of the project during the construction phase. Construction activities will not start until the Building Permit has been issued.

I acknowledge that all work will be performed in accordance with the Town of Jaffrey Zoning Ordinance and the State of New Hampshire Building Code, and that the building will not be occupied or utilized until a Certificate of Occupancy has been issued.

Please indicate that you are the owner or authorized agent:

- ☐ I am the owner of the property ☐ I am the authorized agent

Signature: _____ Print Name: _____ Date _____