

TOWN OF DUBLIN BUILDING PERMIT APPLICATION

MAP #	LOT #	APPLICATION #	DATE RECEIVED	FEE PAID
_____	_____	_____	_____	_____

Name & Address of Applicant:

Phone No.: _____

Name & Address of Owner:

Phone No.: _____

Location of Project: _____

Zoning District: _____

Is the Lot in Current Use? Yes _____ No _____

Lot Size (Acres): _____ Lot Frontage (Feet): _____

Builder/Contractor Name & Address

Contact Name: _____ Phone No.: _____

Plumber & License No.: _____

Electrician & License No.: _____

PROJECT TYPE (PLEASE CHECK AT LEAST ONE)

<input type="checkbox"/> Residential	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> New
<input type="checkbox"/> Commercial	<input type="checkbox"/> Duplex	<input type="checkbox"/> Addition To Existing
<input type="checkbox"/> Industrial	<input type="checkbox"/> Garage	<input type="checkbox"/> Alteration to Existing
<input type="checkbox"/> Retail	<input type="checkbox"/> Barn	<input type="checkbox"/> Manufactured House
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Shed	<input type="checkbox"/> Demolition
<input type="checkbox"/> Institutional	<input type="checkbox"/> Service Station	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Office/Professional	<input type="checkbox"/> Porch/Deck	
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Pool	
_____	<input type="checkbox"/> Other (Specify)	
_____	_____	

PROJECT DESCRIPTION (PROVIDE INFORMATION, IF APPLICABLE)

1. Proposed Use: _____
2. Estimated Cost: _____
3. Building Size: _____
4. Type of Construction (Wood, Brick, Block, Etc.): _____

5. No. of Bedrooms: _____
6. Building Height: _____
7. Furnace to be Installed?: Yes No; Type of Heat: _____
8. Basement?: Yes No

THE FOLLOWING PERMITS SHALL BE ATTACHED (IF APPLICABLE)

1. Driveway _____
2. NH Energy Code _____
3. Septic Approval # & Date _____
4. Special Exception _____
5. Variance _____
6. Dredge & Fill _____
7. Stone Wall _____
8. Other (Specify) _____

A PLOT PLAN (scaled sketch) must accompany this application. The plan should indicate the location of proposed construction on lot, show distance to all required setbacks, the dimension of the structure, and driveway access if relevant. Special attention should be given to the location of culverts, slope of drainage, and erosion control as applicable to the project.

NOTES

1. Dublin's wetland setback requirements of 100' is more stringent than the State of New Hampshire's requirement.
2. Any dimensional change from that described on the Plot Plan will void the permit and a new application must be submitted (with payment of the permit renewal fee).
3. The Steep Slope Ordinance may affect building, septic and/or driveway construction.
4. Smoke detector alarms must be connected (hard wired) to a 110 vac power source and are required to have an internal battery backup power source.
5. Chimneys, oil burners/heating systems, smoke detectors and woodstoves will be constructed and/or installed in accordance with applicable NFPA and NH regulations.

PERMIT FEE COMPUTATION:

Basement _____ SF
1st Floor _____ SF
2nd Floor _____ SF
3rd Floor _____ SF
Garage _____ SF
Decks _____ SF
_____ _____ SF
_____ SF x _____ = \$ _____
Rate Permit Fee

Minimum Permit Fee: \$25.00

By signing this application form, I understand that I am required by law to meet State of New Hampshire and Town of Dublin standards for septic systems and State of New Hampshire Energy Code regulations. I understand that I must be in compliance with the Town of Dublin Land Use Ordinances. Further, I understand that as the owner/applicant, I am giving permission for inspection of my property to be done by Town officials or their designee in conjunction with this permit. Final approval of the Building Inspector, Fire Chief and other approvals as relevant to comply with this building permit must be received following the completion of construction in order to use the structure.

Signature of Applicant: _____

Date submitted: _____

Processing of this application may take up to 30 days.

BUILDING PERMIT APPROVALS

This approval is valid for one year from date of issue.

Site Inspector: _____ Date: _____

Is applicant in compliance with the Town of Dublin Wetlands Protection Ordinance? Y N N/A
Is applicant in compliance with the State of NH Shoreline Protection Act (RSA 483-B)? Y N N/A

Notes: _____

Conservation Commission: _____ Date: _____

Notes: _____

Planning Board: _____ Date: _____

Notes: _____

Health Officer: _____ Date: _____

Notes: _____

Selectmen: _____ Date: _____

Notes: _____

Building Permit #: _____

Name of Applicant: _____

Date Approval Mailed: _____