



Town of Dublin
1120 Main Street
Dublin, NH 03444

BUILDING PERMIT

Date Received: _____

Map & Lot #: _____

Permit #: _____

Fee: _____ Paid: ☐

Please note that Fees are Nonrefundable

Please print in ink or type all information

Name & Address of Applicant: _____

_____ Phone #: _____

Name & Address of Owner: _____

_____ Phone #: _____

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: _____

Plumber Name: _____

License #: _____ Phone: _____

Electrician Name: _____

License #: _____ Phone: _____

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. Number 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 # and 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.

Please Note the Following:

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	_____	Sq.Ft.
1st Floor	_____	Sq.Ft.
2 nd Floor	_____	Sq.Ft.
3 rd Floor	_____	Sq.Ft.
Garage	_____	Sq.Ft.
Decks	_____	Sq.Ft.

_____ Sq. Ft. x _____	= \$ _____
Rate	Permit Fee

Minimum Permit Fee: \$ 50.00

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 relations.

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 thirty (30) days.

BUILDING PERMIT APPROVALS

This approval is valid for six months from date of issue.

Site Inspector: _____ Date: _____

Is applicant in compliance with the Town of Dublin Wetlands Protection Ordinance?

☐ Yes ☐ No ☐ N/A

Is applicant in compliance with the State of NH Shoreline Protection Act (RSA483-B)?

☐ Yes ☐ No ☐ N/A

Notes: _____

Fire Chief: _____ Date: _____

Notes: _____

Conservation Commission: _____ Date: _____

Notes: _____

Planning Board: _____ Date: _____

Notes: _____

Health Officer: _____ Date: _____

Notes: _____

Select Board: _____ Date: _____

Notes: _____

BUILDING PERMIT #: _____

Name of Applicant: _____

Date of Mailed Approval: _____