## **BUILDING PERMIT APPLICATION** Town of Temple

PROPERTY OWNER						
Name:						
Mailing Address:						
City:	State:	ZIP Code:				
Email:	Phone:	Cell Phone:				
AGENT FOR OWNER						
Name:						
Relationship to Owner:						
City:	State:	ZIP Code:				
Email:	Phone:	Cell Phone:				
BUILDING AND PROPERTY INFORMATION						
Location Address:		New street number issued				
Size of Lot:	Road Frontage:	Map Lot Number				
Zoning District: (Circle one) Village Rural Mountain						
Square footage of Building Footprint:						
Is the lot in a Planned Residential Development? (Circle one)  YES  NO Recorded Plan#						
Distance from Boundary Line, in feet*: Left Right Front Back						
*MINIMUM 35' ON ALL FOUR PROPERTY BOUNDRIES OR ZBA WILL NEED TO BE ASKED FOR A VARIANCE.						
PURPOSE OF PERMIT (CIRCLE ALL THAT APPLY)						
New Construction	Addition	Remodel				
Accessory Dwelling Unit	Shed	Garage				
Barn	Pool	Deck Porch				
AN ACCURATE BUILDING PLAN MUST BE SUBMITTED FOR ALL PROPOSED WORK.						

LICENSED TRADESPEOPLE (Fill in any applicable tradesmen you will be using.)	LICENSE NUMBER	OFFICE NUMBER	CELL NUMBER
Architect			
Builder			
Electrician			
Plumber			
Well Driller			
Well Pump Installer			
Gas Fitter			
Other:			

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## **BUILDING PERMIT APPLICATION TOWN OF TEMPLE** TYPE OF HEAT (CIRCLE ONE) Propane Wood or Pellet or Coal (Requires Fire Dept. inspection) Solar or Heat Pump Manufacturer's install instructions must be available for inspector Electric SEPTIC Design and specifications must be approved by DES before permit is issued. Septic designer name: Number of bedrooms: Installer name: DES Approval number (NEW OR EXISTING): Test pit 10' by health officer: Name: If an existing system, do you certify it to be in working order? (circle) Y Date: REQUIRED OUESTIONS DOES THE PROPOSED CONSTRUCTION MEET ALL SETBACK REQUIREMENTS OF 35 FEET? γ N IS THE PROPOSED CONSTRUCTION 75 FEET FROM WETLANDS? Υ Ν IS ZBA APPROVAL REQUIRED? Υ IS A NEW DRIVEWAY REQUIRED (FILE APPLICATION WITH ROAD AGENT)? Υ Ν IS SITE PLAN APPROVAL REQUIRED (PLANNING BOARD)? Υ N DOES THE PROPERTY HAVE A CONSERVATION EASEMENT? DOES THE CONSTRUCTION INVOLVE A CHANGE OF USE? DOES THE EXISTING PROPERTY HAVE AN ORIGINAL BUILDING PERMIT? (ISSUE DATE) (PERMIT #) PROVIDE COPY OF TAX CARD (AVAILABLE ONLINE) WWW.TEMPLENH.ORG ARE DRAWINGS OF FLOOR AND ELEVATION PROVIDED?

## \* NOTE: SANITARY FACILITIES MUST BE ON HAND AT TIME FOUNDATION IS POURED

A Plot Plan must accompany the permit application. SHOWING the dimensions of the Property, existing buildings, location of septic, well, driveway, wetlands, ponds and the location of the proposed building/addition.

**BUILDING INSPECTOR: WILL WILDES – PHONE: (603) 878-4320** 

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## **Applicant 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 Building Inspector. I further grant the Building Inspector 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 Temple Zoning Ordinance and the current State of New Hampshire Building Code, and that the building will not be occupied or utilized until a Certificate of Occupancy has been issued.

Signature of Owner	Print Name		Date
Signature of Applicant	Print Name		Date
Approvals:			
Building Inspector			(date) William S. Wildes - Phone: 878-4320
Health Officer			(date) Peter Caswell – Phone: 878-1672
Road Agent(F	Required for new driveway.)		(date) Kent Perry – Phone: 878-2744
Rejected by		for	
ZBA Approval (Attach) Date:			if required
Planning Board Site Plan Revie	ew Requirements, (Attach) Date _		if required
This certifies that application and approve		_may build ir	n accordance with the foregoing
Select Board:			
		_	(date)
		_	(date)
			(date)
Fee paid	Accepted by:		(date)

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