# BUILDING PERMIT APPLICATION
## Town of Temple

### PROPERTY OWNER

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City: State: ZIP Code:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone: Cell Phone:</td>
</tr>
</tbody>
</table>

### AGENT FOR OWNER

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship to Owner:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City: State: ZIP Code:</td>
</tr>
<tr>
<td>Email:</td>
<td>Phone: Cell Phone:</td>
</tr>
</tbody>
</table>

### BUILDING AND PROPERTY INFORMATION

<table>
<thead>
<tr>
<th>Location Address:</th>
<th>New street number issued:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size of Lot:</td>
<td>Road Frontage: Map: Lot Number:</td>
</tr>
<tr>
<td>Zoning District:</td>
<td>Village Rural Mountain</td>
</tr>
</tbody>
</table>

Square footage of Building Footprint:

<table>
<thead>
<tr>
<th>Is the lot in a Planned Residential Development? (Circle one)</th>
<th>YES</th>
<th>NO</th>
<th>Recorded Plan#:</th>
</tr>
</thead>
</table>

Distance from Boundary Line, in feet*:  
Left Right Front Back

**MINIMUM 35’ ON ALL FOUR PROPERTY BOUNDARIES 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.)

<table>
<thead>
<tr>
<th>TRADESPEOPLE</th>
<th>LICENSE NUMBER</th>
<th>OFFICE NUMBER</th>
<th>CELL NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Architect</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Builder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrician</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plumber</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Driller</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well Pump Installer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas Fitter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# BUILDING PERMIT APPLICATION
## TOWN OF TEMPLE

### TYPE OF HEAT (CIRCLE ONE)

<table>
<thead>
<tr>
<th>OIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wood or Pellet or Coal (Requires Fire Dept. inspection)</td>
</tr>
<tr>
<td>Manufacturer's install instructions must be available for inspector</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Propane</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solar or Heat Pump</td>
</tr>
<tr>
<td>Electric</td>
</tr>
</tbody>
</table>

### SEPTIC

Design and specifications must be approved by DES before permit is issued.

- Septic designer name: ________________________________  Installer name: ________________________________
- Number of bedrooms: ________________________________
- DES Approval number (NEW OR EXISTING): ________________________________
- Test pit 10’ by health officer:
  - Name: ________________________________
  - Date: ________________________________

### REQUIRED QUESTIONS

1. **DOES THE PROPOSED CONSTRUCTION MEET ALL SETBACK REQUIREMENTS OF 35 FEET?**  
   - Y  N
2. **IS THE PROPOSED CONSTRUCTION 75 FEET FROM WETLANDS?**  
   - Y  N
3. **IS ZBA APPROVAL REQUIRED?**  
   - Y  N
4. **IS A NEW DRIVEWAY REQUIRED (FILE APPLICATION WITH ROAD AGENT)?**  
   - Y  N
5. **IS SITE PLAN APPROVAL REQUIRED (PLANNING BOARD)?**  
   - Y  N
6. **DOES THE PROPERTY HAVE A CONSERVATION EASEMENT?**  
   - Y  N
7. **DOES THE CONSTRUCTION INVOLVE A CHANGE OF USE?**  
   - Y  N
8. **DOES THE EXISTING PROPERTY HAVE AN ORIGINAL BUILDING PERMIT? (ISSUE DATE) ________ (PERMIT #) ________

### PROVIDE COPY OF TAX CARD (AVAILABLE ONLINE) [WWW.TEMPLENH.ORG](http://WWW.TEMPLENH.ORG)

### ARE DRAWINGS OF FLOOR AND ELEVATION PROVIDED?  
   - Y  N

### * 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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Revision Date: 10.30.2018
Page 2 of 3
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                                     (date) Tim Fisk – Phone: 878-2744
(Required for new driveway.)

Rejected by ___________________________________ for __________________

ZBA Approval (Attach) Date: ____________________________________________if required

Planning Board Site Plan Review Requirements, (Attach) Date ______________________ if required

PERMIT # _______________________

This certifies that ____________________________may build in accordance with the foregoing application and approved plans.

Select Board:
__________________________________________    _______________________(date)

__________________________________________    _______________________(date)

__________________________________________    _______________________(date)

Fee paid__________________  Accepted by: _________________________ (date) __________