

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:			

BUILDING PERMIT APPLICATION TOWN OF TEMPLE

TYPE OF HEAT (CIRCLE ONE)

OIL	Propane
Wood or Pellet or Coal (Requires Fire Dept. inspection) <i>Manufacturer's install instructions must be available for inspector</i>	Solar or Heat Pump
	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: _____ Date: _____
If an existing system, do you certify it to be in working order? (circle) Y N	

REQUIRED QUESTIONS

DOES THE PROPOSED CONSTRUCTION MEET ALL SETBACK REQUIREMENTS OF 35 FEET?	Y	N
IS THE PROPOSED CONSTRUCTION 75 FEET FROM WETLANDS?	Y	N
IS ZBA APPROVAL REQUIRED?	Y	N
IS A NEW DRIVEWAY REQUIRED (FILE APPLICATION WITH ROAD AGENT)?	Y	N
IS SITE PLAN APPROVAL REQUIRED (PLANNING BOARD)?	Y	N
DOES THE PROPERTY HAVE A CONSERVATION EASEMENT?	Y	N
DOES THE CONSTRUCTION INVOLVE A CHANGE OF USE?	Y	N
DOES THE EXISTING PROPERTY HAVE AN ORIGINAL BUILDING PERMIT? (ISSUE DATE) _____ (PERMIT #) _____		
PROVIDE COPY OF TAX CARD (AVAILABLE ONLINE) WWW.TEMPLANH.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

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) _____