

TOWN OF EXETER, NEW HAMPSHIRE  
**APPLICATION FOR BUILDING PERMIT**

FOR OFFICE USE ONLY

BUILDING PERMIT NUMBER: \_\_\_\_\_ DATE APPLIED: \_\_\_\_\_ FEE: \$ \_\_\_\_\_ CASH/CHK# \_\_\_\_\_

*fee structure effective January 1, 2012*

RESIDENTIAL APPLICATION FEE: \$50.00 PERMIT FEE: \$5.00/\$1,000 OF ESTIMATED COST OF MATERIALS AND LABOR.  
NON-RESIDENTIAL APPLIC. FEE: \$150.00 PERMIT FEE: \$10.00/\$1,000 OF ESTIMATED COST OF MATERIALS AND LABOR.  
NOTE: ELECTRICAL, PLUMBING, MECHANICAL/GAS APPLICATION FEE: \$50.00. (PLUS PERMIT FEE WHEN APPLICABLE.)

PROPERTY OWNERS NAME: \_\_\_\_\_ TEL.# \_\_\_\_\_

PROPERTY OWNERS ADDRESS: \_\_\_\_\_

BUILDING ADDRESS (LOCATION OF SITE): \_\_\_\_\_

ZONE: \_\_\_\_\_ TAX MAP PARCEL NUMBER: \_\_\_\_\_

**RESOURCES REQUIRING ADDITIONAL REVIEW**

❖ Is your property located within a Special Flood Area, the Wetland Conservation Overlay District or the Exeter Shoreland Protection District?  YES  NO  UNSURE

❖ Is your property located within the HISTORIC DISTRICT OVERLAY?  YES  NO  UNSURE

\*\*\*Please request an appointment with the Building Inspector or Natural Resource Planner if you answered YES or UNSURE\*\*\*

NAME OF CONTRACTOR: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ TEL. # \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

TYPE OF CONSTRUCTION: (Circle descriptions)

RESIDENTIAL COMMERCIAL INDUSTRIAL DEMO NEW REMODEL ADDITION RENOVATION

PLOT PLAN ATTACHED? YES or NO PLANS OR SPECIFICATIONS ATTACHED? YES or NO  
(Include all required setback distances for all construction outside the existing footprint of the structure.)

BRIEF DESCRIPTION OF THE WORK TO BE DONE (Please complete reverse side of this form for any NEW construction.)

I hereby agree to comply with the Zoning Ordinance adopted by the Town of Exeter as amended and to comply with the International Building Code as adopted by the Town of Exeter.

I agree to give the Building Inspector TWENTY-FOUR (24) HOURS NOTICE before any rough wiring, rough plumbing or chimney is covered with wall material and to notify the inspector on completion of the job.

I hereby certify, under penalties of perjury that the estimated cost of construction, alteration or remodeling (including labor and materials) is:

\$ \_\_\_\_\_

Does the above estimated cost include electrical, plumbing and mechanical/gas costs? YES or NO (Please specify below)

ELECTRICAL COST \$ \_\_\_\_\_ PLUMBING COST \$ \_\_\_\_\_ MECHANICAL/GAS COST \$ \_\_\_\_\_

If electrical work involves the replacement or installation of a new meter, a "PERMIT TO ENERGIZE" will also be required from this office prior to the utility company turning on the power. Current licenses MUST be presented to obtain Electrical, Plumbing and Gas permits.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

If other than the property owner, please state such relationship: \_\_\_\_\_

\*\*NOTE: The signature on this building permit application authorizes all Code Officials, the Building Inspector and Assessor or their agents to conduct inspections from time to time during and upon completion of the work for which this permit is issued.

**PLEASE COMPLETE THE FOLLOWING SECTIONS FOR ALL NEW CONSTRUCTION**

OCCUPANCY:

- \_\_\_ Assembly (Use Groups A-1 through A-5)
- \_\_\_ Business (Use Group B)
- \_\_\_ Educational (Use Group E)
- \_\_\_ Factory & Industrial (Use Groups F-1 and F-2)
- \_\_\_ High Hazard (Use Groups H-1 through H-4)
- \_\_\_ Institutional (Use Groups I-1 through I-3)
- \_\_\_ Mercantile (Use Group M)
- \_\_\_ Residential (Use Groups R-1 through R-4)
- \_\_\_ Storage (Use Groups S-1 and S-2)
- \_\_\_ Utility & Miscellaneous (Use Group U)

NUMBER OF ROOMS: \_\_\_\_\_

Bedrooms: \_\_\_\_\_ Bathrooms: Full \_\_\_\_\_ 3/4 \_\_\_\_\_ Half \_\_\_\_\_

Garage: YES or NO, type/stall #: \_\_\_\_\_ Breezeway: YES or NO Porch or Deck: YES or NO

TOTAL SQUARE FOOTAGE OF STRUCTURE: \_\_\_\_\_

Foundation type: \_\_\_\_\_

Cellar/Basement type: \_\_\_\_\_

Mobile Home Pad: ASPHALT or CONCRETE or OTHER (Circle one if applicable)

Roofing: ASPHALT SHINGLES or OTHER \_\_\_\_\_ (Circle one and complete)

Flooring types: \_\_\_\_\_

Heating type: \_\_\_\_\_

Plumbing type: \_\_\_\_\_

Sewage: TOWN or SEPTIC, NHWSPCC APPROVAL # \_\_\_\_\_ (Circle one and complete)

Water: TOWN or DUG WELL or DRILLED WELL DEPTH \_\_\_\_\_ (Circle one and complete)

Street: PRIVATE or TOWN ACCEPTED ROAD (Circle one)

HAS DRIVEWAY PERMIT BEEN OBTAINED? YES or NO (Circle one)

HAVE ALL IMPACT FEES BEEN PAID? YES or NO (Circle one)

PLANNING BOARD CASE# AND APPROVAL DATE (If applicable) \_\_\_\_\_

HAVE ALL SITE PLAN CONDITIONS BEEN MET? YES or NO If no, explain \_\_\_\_\_

ZONING BOARD CASE# AND APPROVAL DATE (If applicable) \_\_\_\_\_

HISTORIC DISTRICT CASE# AND APPROVAL DATE (If applicable) \_\_\_\_\_

CONSERVATION COMMISSION CASE AND APPROVAL DATE (If applicable) \_\_\_\_\_

<p><b>Please complete for Non residential/commercial construction:</b></p> <p>Foundation type: _____</p> <p>Building type: BLOCK or METAL or OTHER (Specify) _____</p> <p>Total Square Footage: _____</p> <p>Planning Board Case# and Approval Date: _____</p> <p>Zoning Board Case# and Approval Date: _____</p> <p>Historic District Commission Case # and Approval Date: _____</p> <p>Performance Guarantee Required? Y or N Amount \$ _____</p> <p>Water: TOWN or DUG WELL or DRILLED (circle one) Depth _____</p> <p>Sewage: TOWN or SEPTIC (circle one) NHWSPC Approval # _____</p>
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