



Building Permit Application

Town
of
BROOKLINE, NEW HAMPSHIRE

Building Department

Brookline, NH 03033

Tel (603) 673 8855 Ext. 212

Fax (603) 673 8136

E-mail Buildinginspector@brookline.nh.us

Residential

Commercial / Industrial

Fees: Building _____

OSI _____

Permit

 Permit #. _____

****As of April 1, 2008 State Permit Require**

BUILDING; SITE; EXCAVATION; NEW; ADDITION/ ALTERATION; REPLACEMENT;
 DEMOLITION; DRIVEWAY \$35.00; SHED; DETACHED GARAGE/BARN; DECK/PORCH/SUN ROOM;
 TEM. /PERM. BOW, METAL & FABRIC, BUILDINGS; **** Is this lot with the Shoreline Protection Zone Y N**

Date: _____ Lot #: _____ Job Location: _____

Owner and / or Tenant _____

Street: _____ City/Town: _____ State: _____ Zip: _____ Tel: _____

WSPCC # _____ Zoning Case # _____ Rubbish disposal Site/Contractor _____

Contractor: _____ Tel _____ Alt _____

Address: _____ Fire Sprinklers Required Yes No Fee: _____ Cash Check # _____ Other: _____

City/Town: _____ State _____ Zip _____ Lic # _____

Description of work: SF 1st fl. SF 2nd fl. SF 3rd fl No. of Bedrooms Garage SF No. Bays

****Building Permits shall expire and become invalid if construction which is deemed to be installation of footing and foundation has not started within six months from the date of issuance.**

More Space Turn Over

Structure will be used for: Dwelling Other: _____

The undersigned hereby states that all work shall be done in accordance with the plans and specifications submitted and shall conform to the International Building Code as amended and all zoning and building codes of the Town of Brookline, NH as amended. Is a certified plot plan of this property required? [YES] [No]
Driveways are to be constructed per Town of Brookline Driveway Ordinance Sec.1800 as amended. Building must conform to NEC Art. 250 Grounding and Bonding as amended. Please note a trench inspection for electrical underground feeders is required. **THIS PERMIT MUST BE POSTED AT JOB SITE**

Signature: _____ Date: _____ Bld. Fee _____ Drwy. Fee _____ Cash Check # _____

When signed below by the Inspection Services Department or Designee, this application is the **PERMIT** authorizing the project herein

* Inspection Services Approval _____ Date _____

Place payment below this line and copy for receipt

PSNH WO # _____ Temp. Power: _____ Perm. Power: _____ Site: _____

Footing: _____ Foundation: _____ Rough Frame: _____ Rough Elec.: _____ Rough Plumb.: _____

Insulation: _____ Chimney / Fireplace: _____ BFD HVAC, Fuel, Mechanical: _____ BFD Fire Sprinklers: BFD

Final inspection Approvals: > Impact Fees: Yes No (School # 1 \$1304.24, School # 2 \$ 1843.43, Town \$ 222.14)

Smoke Detectors Septic Water/Well Hot Water Tem 110 – 118 Driveway Fuel Tanks House # Clean up

CO issued _____ Date: _____ Entered Road Data Sheet [Yes]

New Occupants: _____

No work shall be concealed and / or continued until inspected by Inspection services Town of Brookline, New Hampshire.

Be sure you know and understand the Zoning and Building Codes of the State of New Hampshire and the Town of Brookline.

Fees: Permits OSI Impact, School & Town (at CO) Fire Sprinkler Date: _____ Paid Collect

This building permit must be conspicuously posted at job site or inspection will not be made

Original Golden Rod Assessors – Permit Card Orange—Applicants/Receipt Copy Salmon --Building File Copy Blue—Fire Department Canary

Other Permits Septic Elect. Plumbing Fire Spk. HVAC / Fuel Fuel Tanks Masonry / Chimney

KEEP ALL FIELD REPORTS WITH THIS DOCUMENT THEY WILL PART OF THE FINAL INSPECTION