COMMERCIAL/INDUSTRIAL
PERMIT
Building Permit Application
Town of Pittsfield, New Hampshire
85 Main Street, Pittsfield, NH 03263
Telephone: (603) 435-6773 x14
Fax: (603) 435-7922

Issue Date: ______________
Permit #: ________________

Map # ______________
Lot # _________________
Zoning ________________

LANDOWNER(S) NAME: ___________________________________________________________________
LANDOWNER(S) ADDRESS: ________________________________________________________________

TELEPHONE: (DAYS)____________________EVENINGS________________ CELL __________________

TAX MAP: _______________ LOT: _____________ APPROX. COST: $_________________________

SPECIFIC LOT LOCATION: _________________________________________________________________

LOT SIZE (ACRES): ____________________ ZONING DISTRICT: ________________________________

IS THIS LOT OR ANY PORTION OF THIS LOT UNDER CURRENT USE ASSESSMENT PER RSA 79-A? ( ) YES ( ) NO **IF YES, PROVIDE DETAILS, INCLUDING CURRENT MAP.

APPLICATION WILL AUTOMATICALLY BE DENIED IF APPLICANT FAILS TO COMPLETE CURRENT USE ASSESSMENT INFORMATION ABOVE. INCLUDE WITH THIS APPLICATION:

____ COPY OF SEPTIC SYSTEM DESIGN PLAN AS SUBMITTED TO W.S.P.C.C.
____ COPY OF W.S.P.C.C. APPROVAL FOR CONSTRUCTION #:
____ DRIVeway PERMIT (OBTAIN FROM ROAD AGENT OR NH DEPT. OF TRANSPORTATION)
____ PLAN (WITH DIMENSIONS) SHOWING LOCATION OF PROPOSED BUILDING (S) AND SETBACKS
____ P.U.C. ENERGY CODE COMPLIANCE APPROVAL #__________________________
____ ENGINEERED BUILDING PLANS (STAMPED BY ENGINEER)
____ FLOOR PLAN
____ DEPARTMENT APPROVAL FORM COMPLETED AND SIGNED (SEE ATTACHED)
____ DIG SAFE #____________________
____ PLANNING & ZONING BOARDS APPROVAL (ATTACH COPIES OF APPROVALS WITH CONDITIONS)

CHECK TYPE OF CONSTRUCTION

____ NEW STRUCTURE   ____ REPAIRS, ALTERATIONS OR CHANGE OF USE

____ ADDITION TO EXISTING STRUCTURE   ____ OTHER

PLANNING/ZONING APPROVAL

DATE OF PLANNING BOARD APPROVAL: ____________________________
APPLICATION APPROVED FOR: _______________________________________
DATE OF ZONING BOARD APPROVAL: ____________________________
APPLICATION APPROVED FOR: _______________________________________
DESCRIPTION OF BUILDING, ADDITION, REPLACEMENT

DESCRIPTION OF INTENDED USE OR MODIFICATIONS ____________________________________________________________

________________________________________________________________________________________________________

IF PERMIT IS FOR AN ADDITION OR ACCESSORY STRUCTURE, THE INFORMATION BELOW APPLIES ONLY TO THE NEW CONSTRUCTION AND NOT THE EXISTING STRUCTURE(S):

FOUNDATION SIZE: ___________________ FOUNDATION TYPE: ___________________ (I.E.: POURED CONCRETE, BLOCK, ETC.)

SQUARE FEET OF FINISHED AREA __________ SQUARE FEET OF UNFINISHED AREA: __________

TOTAL SQUARE FOOTAGE OF BUILDING: ________________________________________________

BUILDING SETBACK FROM PROPERTY LINES: (ATTACH MAP SHOWING ALL SETBACKS)

FRONT: __________ REAR: __________ SIDES: __________ OTHER: ______________________

CONDITIONS FOR ISSUANCE OF PERMIT

PERMITS ISSUED ARE SUBJECT TO THE FOLLOWING RESTRICTIONS AND LIMITATIONS:

1) PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUE UNLESS FOUNDATION AND SEPTIC SYSTEM ARE COMPLETED.
2) FRAMING AND EXTERIOR FINISH MUST BE COMPLETED WITHIN TWO (2) YEARS FROM DATE OF ISSUE.
3) BUILDING IS NOT TO BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY IS ISSUED BY THE TOWN.
4) COMPLETION OF DEPARTMENT APPROVAL FORM (SEE ATTACHED).
5) SIGNATURE(S) ON THIS BUILDING PERMIT AUTHORIZES THE CODE OFFICIAL, ASSESSOR OR THEIR AGENTS, FOR THE TOWN OF PITTSFIELD TO CONDUCT INSPECTIONS FROM TIME TO TIME DURING AND UPON COMPLETION OF THE WORK FOR WHICH THIS PERMIT IS BEING ISSUED.

CONTRACTOR CHECKLIST

CONTRACTOR: ______________________________ PHONE: _____________________________

ADDRESS: ___________________________________ CELL: _______________________________

_____________________________________________ FAX: ________________________________

THE UNDERSIGNED HEREBY AGREES THAT ALL WORK LISTED BELOW WILL BE PERFORMED BY THE PERSON(S) THERETO LISTED; AND THAT ALL WORK CONNECTED THERETO SHALL CONFORM WITH THE BUILDING LAWS AND REGULATIONS OF THE STATE OF NEW HAMPSHIRE AND THE TOWN OF PITTSFIELD; AND THAT THE OWNER/AGENT WILL NOTIFY THE BUILDING INSPECTOR OF ANY CHANGES IN THE STATEMENTS CONTAINED HEREON.

OWNER/AGENT: ______________________________ DATE: ____________________________
**MUST BE N.H. LICENSED MASTER ELECTRICIAN/PLUMBER**

ELECTRICAL TO BE INSTALLED BY:

_______________________________________ STATE LICENSE #: ______________________
_______________________________________ (RSA 319-C, CHAPTER 319 C)
_______________________________________ PHONE: ________________________________

PLUMBING TO BE INSTALLED BY:

_______________________________________ STATE LICENSE #: ______________________
_______________________________________ (RSA 153:27, CHAPTER 153)
_______________________________________ PHONE: ________________________________

MECHANICAL TO BE INSTALLED BY:

________________________________________
________________________________________ (RSA 153:27, CHAPTER 153)
________________________________________ PHONE: ________________________________

OIL BURNING EQUIPMENT TO BE INSTALLED BY:

_______________________________________
_______________________________________ (RSA 153:5, AND NFPA STANDARD #31)
_______________________________________ PHONE: ________________________________

GAS TO BE INSTALLED BY:

_______________________________________ STATE LICENSE #: ______________________
_______________________________________ (RSA 153:27, CHAPTER 153)
_______________________________________ PHONE: ________________________________
SIGNATURES REQUIRED FOR A BUILDING PERMIT

TAX MAP/LOT: ____________________________________________

STREET ADDRESS (Project Location)
__________________________________________________________________________

In order to receive a Building Permit, please acquire the following pertinent signature PRIOR to presenting a Building Permit application to the Code Enforcement Officer.

1. Fire Department ______________________________  Date ________________________________
   Phone No.: 435-6807 Commercial Only

2. Police Department ____________________________  Date ________________________________
   Phone No.: 435-7535 Commercial Only

3. Planning Board _______________________________  Date ________________________________
   Phone No.: 435-6773, Ext. 17 Commercial Only

4. Pennichuck Water Co. __________________________ Date ________________________________
   Phone No.: 882-5191 Property not connected to Town Water, approval not required.

5. Sewer Department _____________________________ Date ________________________________
   Phone No.: 435-8857 Property not supplied by Town Sewer, approval not required.

6. Public Works Department _______________________ Date ________________________________
   Phone No.: 435-6151

7. Dig Safe Permit Number _________________________ Phone No.: 1-888-DIG-SAFE

8. State of New Hampshire PUC Energy Code Form EC-1 Approval No. _________________________

9. Property Owner _______________________________ Date ________________________________

NOTE: ALL SIGNATURES AND APPROVALS MUST BE OBTAINED BEFORE A BUILDING PERMIT CAN BE ISSUED.
TOWN OF PITTSFIELD
SOLID WASTE DISPOSAL PLAN

Contractor Name: ___________________________________________________________
Address: ___________________________________________________________________
Name of Resident/Customer: _______________________________________________________
Address: _____________________________________________________________________
Building Permit #: _____________________________________________________________

If any waste is to be generated from this project, what are your plans for disposal?

_____ Town Solid Waste Facility by Contractor*
_____ Town Solid Waste Facility by Resident**
_____ Other (Please specify) ___________________________________________________

________________________________________________________
Contractor Signature Date

*If contractor plans to dispose waste at Town Solid Waste Facility, B.C.E.P. Permit is required.

**If resident plans to dispose of waste at the Town Solid Waste Facility, B.C.E.P., a valid Town of Pittsfield Facility Permit is required. The Permit may be obtained from the Town Clerk’s Office.

*** OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE ***

Paid:  □ Cash $____________________________________  □ Check #____________________
Permit # __________________________________________

THIS PERMIT IS  □ ISSUED with the following conditions: □ DENIED for the following reason(s):
_____________________________________________________________________________
_____________________________________________________________________________

Approved By: ____________________________________________ Date: ______________________

BUILDING INSPECTOR / JESSE PACHECO (603 715-6624 Cell) or (603-435-6773 X 14 Office)