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

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 copy of current use map.

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

INCLUDE WITH THIS APPLICATION:

___ PUC ENERGY CODE APROVAL #________________________
___ COPY OF STATE APPROVED SEPTIC DESIGN
___ DRIVEWAY PERMIT (OBTAIN FROM ROAD AGENT OR NH DEPT. OF TRANSPORTATION)
___ SKETCH (with dimensions) SHOWING LOCATION OF PROOSED BUILDING(S) AND SETBACKS
___ ENGINEERED BUILDING PLANS (stamped by engineer) IF APPLICABLE.
___ FLOOR PLAN
___ DEPARTMENT APPROVAL FORM
___ DIG SAFE #____________________
___ PLANNING &/OR ZONING BOARD APPROVALS (attach copies of approvals with conditions)

CHECK TYPE OF CONSTRUCTION:

___ NEW RESIDENCE/DETACH STRUCTURE ___ ADDITION TO EXISTING RESIDENCE
___ NEW RESIDENCE ___ REPLACEMENT OF RESIDENCE
___ REPAIR/ALTERATION ___ OTHER- EXPLAIN

1
DOES THIS CONSTRUCTION REQUIRE A VARIANCE OR SPECIAL EXCEPTION? _____________

IF YES, DATE VARIANCE OR SPECIAL EXCEPTION GRANTED: ____________________

EXPLAIN CONDITION/TERMS OF VARIANCE/SPECIAL EXCEPTION: ______________________

____________________________________________________________________________________

NOTE: APPLICATION WILL NOT BE CONSIDERED UNTIL VARIANCE OR SPECIAL EXCEPTION HAS BEEN GRANTED WHEN APPLICABLE.

DESCRIPTION OF BUILDING, ADDITION, REPLACEMENT

DESCRIPTION OF INTENDED PERMIT (I.E.: NEW RESIDENCE, ADDITION, GARAGE, SHED, POOL, ETC.):
____________________________________________________________________________________

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.)

NO. OF SQ. FT. OF LIVING AREA: ________ TOTAL SQ. FT. OF BUILDING ________________________

BUILDING SETBACKS FROM PROPERTY LINES: (USE ATTACHED SKETCH PLAN PAGE 3.)
FRONT: __________ REAR: __________ SIDES: __________ OTHER: __________________________

TYPE OF CONSTRUCTION (i.e.: wood frame, etc.) _____________________________

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 TOWN.
4) DEPARTMENT APPROVAL FORM MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY CAN BE ISSUED.
5) SIGNATURE(S) ON THIS BUILDING PERMIT AUTHORIZES THE CODE OFFICIAL, ASSESSOR OR THEIR AGENTS, FOR THE TOWN OF PITTSFIELD TO CONDUCT

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 THERewith 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: __________________________

------------------- Sketch Plan -------------------
Instructions:

1) Show the Property lines and road(s).
2) Show the proposed Structure and all existing structures.
3) Show the Measurements from the proposed structure to all lot lines, measure straight through existing structures if needed.
4) Include the dimensions of the proposed structure.
5) If installing a fence – show the location.

**MUST BE N.H. LICENSED MASTER ELECTRICAL/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: ______________________________

TOWN OF PITTSFIELD
DEPARTMENT APPROVAL FORM
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.

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*** 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)

BI RESIDENTIAL PERMIT
REVISED: 6-26-2015