

TOWN OF BROOKFIELD, NEW HAMPSHIRE
APPLICATION FOR BUILDING PERMIT
One Family Dwelling and/or Accessory Buildings

Tax Map/Lot #: _____

*Fee Due: _____

Date: _____

*Permit No.: _____

Zoning District: _____

Owner: _____ Telephone No.: _____

Mailing Address: _____

Physical Location: _____

Is any part of this lot in Current Use? Y / N Are any buildings, curtilage, or driveways in CU area? Y / N

- WATER SUPPLY: Dug Artesian
 SEWAGE DISPOSAL: *State of NH Permit No.: _____
 ELECTRICAL WIRING: *Permit No.: _____
 PLUMBING: *Permit No.: _____
 GAS: *Permit No.: _____
 DRIVEWAY PERMIT: State Town *Permit #: _____

- PLOT PLAN ATTACHED. **A plot plan shall be completed as part of this application and will show the location of structure, any accessory buildings, any existing structures, any wells and septic systems, as well as lot dimensions and setbacks.**
- BUILDING PLAN SECTION DRAWING ENERGY CODE FORM

PROJECT DESCRIPTION: _____

*CONST.COST: \$ _____

- | | | |
|----------------------------|--------------------------------------|---|
| Z.B.A. APPROVAL | <input type="checkbox"/> Yes, Needed | <input type="checkbox"/> Does Not Apply |
| PLANNING BOARD APPROVAL | <input type="checkbox"/> Yes, Needed | <input type="checkbox"/> Does Not Apply |
| HISTORIC DISTRICT APPROVAL | <input type="checkbox"/> Yes, Needed | <input type="checkbox"/> Does Not Apply |
| FLOODPLAIN APPROVAL | <input type="checkbox"/> Yes, Needed | <input type="checkbox"/> Does Not Apply |
| APPLICATION: | <input type="checkbox"/> Approved | <input type="checkbox"/> Rejected |

A 24 HOUR NOTICE MUST BE GIVEN BEFORE EACH INSPECTION

The undersigned hereby applies for permission to make building improvements as described above. (Plans to be submitted if required by Building Official.) All construction to be completed in accordance with the Brookfield Planning and Zoning Ordinance, Building Codes and State of NH Regulations.

CONSTRUCTION NOT AUTHORIZED UNTIL PERMIT IS ISSUED

ALLOW 3 DAYS FROM RECEIPT OF APPLICATION FOR ISSUANCE OF PERMIT

Signature of Owner: _____ Date: _____

**Owner must apply for and receive a Certificate of Occupancy prior to occupying the building.
 (International 1&2 Family Building Code 113.1.5).**

Building Official: _____ Date: _____

Complete other side

*** To be filled out by Building Inspector**

Building Permit Application

(Check all applicable boxes in each section)

IMPROVEMENT TYPE:	BUILDER'S AFFIRMATION
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Boathouse <input type="checkbox"/> Addition <input type="checkbox"/> Renovations Deck <input type="checkbox"/> Shed <input type="checkbox"/> Foundation Only <input type="checkbox"/> New Roof <input type="checkbox"/> Garage <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify) _____	I, _____ being duly sworn, depose and say that I am authorized to make and file this application for a building permit to the Town of Brookfield, and that I have examined said application and the information contained herein including the documents attached hereto and certify that the same is, to the best of my knowledge and belief, true, correct and complete in all respects. _____ Phone # _____

FOUNDATION

- Block
 Concrete
 Piers
 Slab
 Other (Identify) _____

STRUCTURAL FRAME

- Steel Concrete
 Masonry Wood
 Other (Identify) _____

EXTERIOR WALLS

- Steel Concrete
 Masonry Wood
 Other (Identify) _____

Are any structural assemblies fabricated off-site? Yes No

ROOFING MATERIALS

- Asphalt Rolled Roofing Metal Sheeting
 Asphalt Shingles Metal Shingles
 Wood Shingles/Shakes Other (Identify) _____

ROOF CLASS: A B C
 Unclassified

HEATING SYSTEM

- Forced Hot Air
 Forced Hot Water
 Air Conditioned
 Other (Identify) _____

FUEL

- Gas
 Oil
 Electric
 Other (Identify) _____

Application Fee: \$ 5. / \$1000. of assessed value of completed structure.
Minimum fee: \$35.

Complete other side