

Town of Albany

1972 A NH Route 16

Albany NH 03818

603-447-6038

Residential Building Permit Application

Property Owner: _____ Tax Map & Lot # _____

Mailing Address: _____
_____ Phone Number _____

E-Mail Address: _____

Property Address: _____

Contractor/Builder: _____ Phone Number _____

Mailing Address: _____

E-Mail Address: _____

Lot Size: _____ Public Road Access: _____

Proposed Building Dimensions: Length _____ Width _____ Height _____ Stories _____

Setbacks from: Road right-of-way _____ Type of Water System: _____

Type of Heating System: _____ Type of Insulation _____

State Septic System Approval # _____

Building Permit Type

____ New Dwelling

____ Alteration/Addition

____ Accessory Building

____ Porch, Deck, Roof Alteration

____ Other _____

Description of Proposed Construction:

Provide Plot Plan on next page or on the back of this form

Is Construction within the Special Flood Hazard Area: _____ If yes, a Certificate of Elevation or Flood proofing must be filed with the building permit application.

The undersigned hereby requests a building permit to be issued on the basis of the representations contained herein. The permit will be void in the event of misrepresentation. The permit is valid for one year from the date of approval.

By signing this application the property owner/contractor acknowledges that s/he understands that New Hampshire has adopted a State building code, which can be found at RSA 155-A:1, IV. The property owner/contractor agrees that this structure will be built in accordance with the State building code. The owner acknowledges the property/construction will be inspected by the Albany Code Enforcement Officer.

Signature of Property Owner

Date

Signature of Contractor

Date

Permit Valid For One Year From Date of Approval

For Office Use Only

Application # _____ Date Received: _____ Fee Paid \$ _____ By: _____

Planning Board Action: Approved _____ Denied _____ Date: _____ By: _____

Code Enforcement Officer Action: Approved _____ Denied _____ Date: _____

By: _____

Reason for Denial: _____

Selectman Signature: _____

Waivers

Zoning Board Action: Approved _____ Denied _____ Date: _____ By: _____

Residential Plot Plan

Location and detail must be correct, complete and legible. In the blank space below, draw the exact shape of your lot and mark the boundary information. Use the back of this page or additional page if needed. Next show all present and proposed buildings in their exact location on the lot and mark the size of these structures. Next show the distances of all existing and proposed buildings from ALL boundary lines. Please indicate scale used.

Final Sign-Off by Code Enforcement Officer: _____ Date: _____

Permit Valid For One Year From Date of Approval

Town of Albany
Office of the Code Enforcement Officer

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Checklist for Residential Building Permit:

Property Owner: _____

____ Completed Application

____ Plot Plan showing existing and proposed construction.

____ Setbacks met (25' feet from all property lines)

____ Description of Construction

____ DES wetlands permit (if applicable)

NEW CONSTRUCTION:

____ Approved Driveway permit

____ Road frontage met (200' per Albany Zoning Ordinance)

____ E-911 address assigned

____ Approved Septic Design

PERMIT FEES:

Application fee..... \$30.00

New Construction:

-Total floor plan dimensions..... No. sq. ft. _____ x .07= \$ _____

OR

All other:

-Value of construction: _____ x \$3.00= _____ /1000=\$ _____ +\$25.00=\$ _____

INSPECTIONS:

\$25.00 per hour—1 hour minimum

Permit renewal fee (1-time):

\$25.00 Renewal Fee before permit expires or \$5.00 per thousand of remaining construction cost within one month after permit expires. New application packets (with the associated fee) will be required after the one time renewal period lapses.

TOTAL \$ _____

Permit Valid For One Year From Date of Approval