



Town of Candia Building Department

74 High St.
Candia, NH 03034
(603) 483-1015

COMMERCIAL PERMIT APPLICATION

Building Permit # _____ - _____ Map _____ Block _____ Lot _____ Zone _____

STREET ADDRESS (required)

PROPERTY OWNER FULL NAME

PHONE NUMBER

MAILING ADDRESS

CITY, STATE, ZIP

EMAIL ADDRESS

I acknowledge that the proposed structure or improvement(s) shall not be occupied or otherwise utilized without the issuance of a CERTIFICATE OF OCCUPANCY or CERTIFICATE OF FINAL INSPECTION. A Certificate of Occupancy or Certificate of Final Inspection is required for all permits upon completion of all final inspections.

PROPERTY OWNER SIGNATURE (or letter indicating the proposed work is to be performed with his/her approval)

Project Information (Checkmark all that apply): Foundation Only _____ New Building _____ Addition _____
Renovation/Alteration _____ Accessory Structure _____ Change of Use _____ Window/Door Replacement _____
Siding _____ Roofing _____ Shed _____ Deck _____ Solar Array _____ Garage/Barn _____ Fence _____
Pellet/Wood Stove _____ Generator _____ Oil Burner _____ Gas/Oil Line _____ Gas Heat _____ Water Heater _____ Electric _____
Electric Heat _____ Central Air _____ Mini-Split System _____ Kitchen Hood Vent _____ Fire Alarm _____
Kitchen Hood Extinguishing System _____ Fire Pump _____ Sprinkler System _____ Bed Bottom _____ Other _____
Propane Tank _____ Oil Tank _____ Setbacks: Left: _____ Right: _____ Back: _____ Front: _____ Plumbing _____
State Septic System Approval # _____ Approval Date _____ Approved Use _____
Impact Fee Amount _____ Check # _____ Received by _____
Impact Fee Amount _____ Check # _____ Received by _____

Description of Work (Include dimensions/materials/scope of work)-Additional space on page 3 if needed: _____

Approved for construction:

BUILDING INSPECTOR/CODE ENFORCEMENT OFFICER _____ DATE _____

Conditions of this building permit approval

Foundation Permit #20 ___ - ___

Business Name: _____ License # _____ Mailing Address: _____

City/Town: _____ Zip: _____ Phone # _____

Email: _____ First/Last Name: _____

Applicant's Signature: _____

Cost of Construction \$ _____ Permit Fee \$ _____ Check#/Cash _____

Commercial Permit #20 ___ - ___

Business Name: _____ License # _____ Mailing Address: _____

City/Town: _____ Zip: _____ Phone # _____

Email: _____ First/Last Name: _____

Applicant's Signature: _____

Cost of Construction \$ _____ Permit Fee \$ _____ Check#/Cash _____

Licensed Trade Permit #20 ___ - ___ **CHECK THE LICENSED TRADE PERMIT THAT'S BEING APPLIED FOR :**

_____ **Electric** _____ **Plumbing** _____ **Gas** _____ **HVAC/MECH.** _____ **Well**

Business Name: _____ License # _____ Mailing Address: _____

City/Town: _____ Zip: _____ Phone # _____

Email: _____ First/Last Name: _____

Applicant's Signature: _____

Cost of Construction \$ _____ Permit Fee \$ _____ Check#/Cash _____

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