

# TOWN of CANDIA

**DESIGN CRITERIA**

**74 High Street  
Candia, NH 03034  
603-483-1015**

## APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

75psf Ground Snow Load  
95 mph Wind Speed  
4 ft Frost Line Depth

**SUBMISSION CHECKLIST**

Application Date / /	<input type="checkbox"/> FULL SET OF DRWGS INCL SITE PLAN	<input type="checkbox"/> DRIVEWAY APPROVAL	Is Owner Applicant?
	<input type="checkbox"/> SEPTIC APPRVL #	<input type="checkbox"/> ENERGY COMPLIANCE	Yes No

**PROPERTY INFORMATION**

Street Address	Zoning	Map	Lot
Subdivision Name	<b>Use Group:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other		

**OWNER INFORMATION**

Owners Name or Business Name		Telephone Number	
Street Address	Town/City	State	Zip Code

**CONTRACTOR INFORMATION**

	NAME of CONTRACTOR	ADDRESS, CITY, STATE, ZIP	TELEPHONE NO.
Architect			
Gen'l Contractor			
Electrician			
Plumber			
Septic			
Mechanical / HVAC			
Fire Sprinkler			
Fire Alarm			

**DESCRIPTION of WORK**

Estimated Start	/ /	Estimated Finish	/ /	Estimated Cost \$

**FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE**

Application Rec'd	/ /	BY: _____ Initial	App. Complete	/ /	BY: _____ Initial
Permit to:					
Building Permit :	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Referred to:	_____	
Permit Fee:					
Building Dept: \$	_____	Fire Dept: \$	_____	<b>TOTAL FEE: \$</b>	
Building Permit No.	_____	Bldg Permit Issued:	_____		
Approved by:	_____	Date:	/ /		
Building Code Official				Rev: 12/26/2006	

BUILDING PERMIT APPLICATION	
Are there any wetlands on this Site? Yes      No	<b>PROPOSED USE:</b> <b>ASSEMBLY</b> _____ Theater (A-1) _____ Restaurant, Night Club, Etc (A-2) _____ Church, Library, Gym, Etc (A-3) _____ Indoor Arena, Pool, Etc (A-4) _____ Outdoor Stadiums, Etc (A-5) <b>BUSINESS</b> _____ Business <b>EDUCATION</b> _____ Grades 1-12 _____ Daycare <b>FACTORY</b> _____ Factory Industrial Group F _____ Moderate Hazard Group F-1 _____ Low Hazard Group F-2 <b>HIGH HAZARD</b> _____ High Hazard (H)
Is this Property in a Special Flood Hazard Area? Yes      No	<b>INSTITUTIONAL</b> _____ Group Home (I-1) _____ Hospital (I-2) _____ Detention Center, Jail, Etc (I-3) _____ Day Care any age (I-4) <b>MERCANTILE</b> _____ Retail (M) <b>RESIDENTIAL</b> _____ Hotel, Motel (R-1) _____ Multi-Family (R-2) _____ One & Two Family (R-3) _____ Res. Care, Assist. Living (R-4) <b>STORAGE</b> _____ Moderate Hazard (S-1) _____ Low Hazard (S-2) <b>UTILITY</b> _____ Accessory Buildings (U)
<b>IMPROVEMENT TYPE:</b> _____ NEW CONSTRUCTION _____ ADDITION _____ ALTERATION / RENOVATION _____ REPAIR / REPLACEMENT _____ UPGRADE ELECTRIC _____ DEMOLITION _____ RELOCATION _____ FOUNDATION ONLY _____ CHANGE OF USE  <u>Applies to Non-Residential Only</u> <b>TYPE OF CONSTRUCTION</b> (Circle one) 1A 1B 2A 2B 3A 3B 4 5A 5B	

<b>FRAME TYPE</b>	<input type="checkbox"/> Steel	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
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<b>INTERIOR WALLS</b>	<input type="checkbox"/> Steel	<input type="checkbox"/> Masonry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
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	Number of Feet:		Number of:		Sq Ft (or Acres) of:
Frontage		Stories		Lot Area	
Front Setback		Bedrooms		Foundation Area	
Rear Setback		Full Baths		Finished Living Area	
Left Setback		Partial Baths		Unf. Basement	
Right Setback		Fireplace/Fuel Type		Unf. Area (Attic, W/U)	
Wetland Setback		Garage-Attached		Garage	
Building Height		Garage-Under		Covered Porch	
Number of Residential Units		Garage-Detached		Open Deck	
		Outside Parking			

**IS WORK BEING PERFORMED ON THE FOLLOWING SYSTEMS?**

Electrical <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Service <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> New <input type="checkbox"/> Upgrade Size _____ Amps Plumbing (Drain, Waste & Vent) <input type="checkbox"/> Yes <input type="checkbox"/> No	Gas Piping <input type="checkbox"/> Yes <input type="checkbox"/> No # of Shutoff Valves _____ Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No Commercial Exhaust Hood System <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>WATER SUPPLY:</b> <input type="checkbox"/> Well on Lot <b>HEATING FUEL:</b> <input type="checkbox"/> LP Gas <input type="checkbox"/> Fuel Oil <b>FUEL STORAGE:</b> Size: _____ <input type="checkbox"/> Inside <input type="checkbox"/> Outside	<b>SEWER TYPE:</b> <input type="checkbox"/> Individual Septic <input type="checkbox"/> Other _____ <b>NO. OF BURNERS</b> _____ <input type="checkbox"/> Above Ground <input type="checkbox"/> Buried

This is to certify that all plans and specifications provided with this application will be followed during construction and any changes made will be only after notifying the Building Code Official. That the proposed work is authorized by the owner of record and that I have been authorized by the owner to make application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

**NOTE: One full set of construction drawings including structural details and a plot plan of the lot showing all setbacks to lot lines from the structure must be attached.**

APPLICANT: Signature	Print	Date: ___/___/___
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