TOWN OF CANDIA

74 HIGH STREET CANDIA, NH 03034

RES. BUILDING PERMIT

The Permit Card Shall be Posted and Visible From the Street During Construction

Permit Number:		20	25-073	Date:	03/25/2025
Мар:	000409	Lot:	000170	Sub Lot:	000000
Permit issue	ed to: GAGNE, JUNE	L			Sub Lot: 000000 MOVAL OF OLD AND INSTALLATION
at: 167 RAY	MOND RD				
	to: CONDUCT THE E PHALT SHINGLE RO				AND INSTALLATION
Owner Addr	ess: 167 RAYMOND F	ROAD CANDIA	, NH 03034 Phone:	6036615863	
Applicant: C	ONTRACTOR Phone	:			
Contractor:	LANE ROOFING Pho	ne: 6036615863	License #:		
Permit Fee:	\$70.00 Estimated C	ost: \$7,980			

Signed: Telephone: (603) 483-1015

NOTE: THIS PERMIT EXPIRES MARCH 25, 2026.

If you are unclear of what the required inspections are for your project please reach out to the Candia Building Department for clarification.

Printed: 3/25/2025 8:34:17AM Page 1 of 1

⁻ SANITARY FACILITIES MUST BE PROVIDED ON SITE FOR WORKERS.

⁻ NO PORTION OF THE BUILDING That is New or has been renovated SHALL BE OCCUPIED OR USED UNTIL FINAL INSPECTION HAS BEEN MADE AND A CERTIFICATE OF OCCUPANCY ISSUED.



TOWN OF CANDIA PROJECT INDIVIDUAL ITEM RECEIPT

Project Owner: GAGNE, JUNE L

Project Type: ROOF

Location: 167 RAYMOND RD

PID: 000409 000170 000000

Rept #	Rept	Item	Description	Number	Amount	Paid	Due
2025.847	03/25/25	03/25/25	RES. BUILDING PERMIT	2025-073	\$ 70.00	\$ 70.00	\$ 0.00
	PAID:	03/25/25	Received By: wdinsmore				
			Paid By: GAGNE, JUNE L CH	IECK 3429	3429		
					\$ 70.00	\$ 70.00	\$ 0.00

Signature: _____ Date: ____

Printed: 3/25/2025 8:32:20AM Page 1 of 1



Town of Candia Building Department

MAR 1 8 2025 74 High St.

Candia, NH 03034

(693) 483-1015

RESIDENTIAL PERMIT APPLICATION

Building Permit #	Мар	_BlockLot	Zone
	1107 RAYMONG	d red	
the business has a rule	PROJECT ADDRES		HS CIPCOU,
June Gagne		(603)66	11-5863
PROPERTY OWNER FULL NAME	4.5	PHONE NU	JMBER
MAILING ADDRESS	CITY, STATE, ZIP	03034 june co	96 @ aol. com
I acknowledge that the proposed structure o of a CERTIFICATE OF OCCUPANCY	or improvement(s) shall not be o	ccupied or otherwise utilized w NSPECTION. A Certificate of	vithout the issuance Occupancy or
PROPERTY OWNER SIGNATURE (or letter in	dicating the proposed work is to b	e performed with his/her approv	ral) DATE
Project Information (Check all that apply): New Multi-Family Dwelling: Accessory Apa Garage/Barn: Internal Renovation: Generator: Central Air: Mini-Split System Oil Burner: Window/Door Replacement: Shed: Pool: Electric Service Setbacks: Left: Right: Back: Total # of Bedrooms: E= PT= Tota *(Existing = E and Proposed Total = PT) State approval Septic System # Impact Fee Amount	artment: Residential Addi External Renovation: Fi m: Gas Heat: Electric Siding: Roo fing: Dec Other: Gas/Oil Line Front: al # of Bathrooms: E= PT=_ Approval Date: Check #	tion: Accessory Buildin replace Gas:Solar Array: E Heat: Propane Tank: Ek:Pellet Stove: Woo E: Water Heater: Gross Living Area Sq': E=_ #of State ApReceived by	Oil Tank: od Stove: Plumbing: PT=
Pescription of Work (include dimensions/material NOOF REPLACEMENT. PE		and install	ation of
Approved for construction:			
BUILDING INSPECTOR/CODE ENFORCEME	NT OFFICER	D.	ATE
Conditions of this building permit approval:		0 / 10	To tolknoot 7 to

Foundation Permit #20B	usiness Name:	Assume			
Mailing Address:	1 /11/	City/Town:	Zip:		
Phone #			200.00		
First/Last Name:			<u>e</u> :		
Job Description:			4636-65		
Cost of Construction \$			Check#/Cash		
		ine Roofing 1	LLC		
Mailing Address: 34 PINKETTON S	t 94 12	the state of the s	M NH zip: 03078		
Phone # (403) 479- 2144			Email: Jordan. Jane @ Jane roofing. net		
First/Last Name: JOCAUN Lane		Applicant's Signatur	Applicant's Signature: Of San Jan		
Job Description:	341		AND NATIONAL PROPERTY.		
Cost of Construction \$ 1980 —		ee \$70	Check#@ash_3429		
Licensed Trade Permit #20	CHECK THE LI	CENSED TRADE PERMI	T THAT'S BEING APPLIED FOR:		
ElectricPlumbing					
Business Name:					
City/Town:					
Email:					
Applicant's Signature:					
Cost of Construction \$					
Licensed Trade Permit #20Electric Plumbing					
Business Name:		License #	Mailing Address:		
City/Town:	Zip:	_ Phone #	The second second		
Email:		_ First/Last Name:			
Applicant's Signature:		_ Job Description:	ATT - Ingo by second by the same of		
Cost of Construction \$	Permit Fo	ee \$	Check#/Cash		
Licensed Trade Permit #20	CHECK THE LI	CENSED TRADE PERMIT	T THAT'S BEING APPLIED FOR:		
ElectricPlumbing	Gas	HVAC/MECH.	Well		
Business Name:		License #	Mailing Address:		
City/Town:					
Email:					
Applicant's Signature:					
Cost of Construction \$		ee \$			
ATTACHMENTS &	SUBMITTALS TH	AT MAY BE REQUIRED A	T TIME OF APPLICATION		
1 Large Paper "Permit Set" of Construction Plan		F MAY BE REQUIRED AT TIME OF APPLICATION Septic Approval & Design			
1 11x17 Paper "File Set" of Construction Plan		Plot Plan w/Setbacks showing proposed Structures			
1 Electronic Set of Construction Plans		Copy of Planning and/or Zoning Decision (if applicable)			
Property Owner Sign-Off (Permit/Letter/Email	to Bldg Office)	Driveway Permit			