



Major Building Permit Application

City of Rochester, New Hampshire
DEPARTMENT OF BUILDING SAFETY
31 Wakefield St. Rochester NH 03867
Telephone: (603) 332-3508
Fax: (603) 509-1912

Issue Date: _____

Permit #: _____

(This area for office use only)

Map # _____

Lot # _____

Block # _____

Zoning _____

Location of Construction (Address): _____

Property Owner: _____ Phone: _____

Mailing Address: _____ Cell #: _____

City: _____ State: _____ Zip Code: _____ Daytime #: _____

Email _____

Contractor: _____ Phone: _____

Mailing Address: _____ Cell #: _____

City: _____ State: _____ Zip Code: _____

Email _____

Preferred Contact Method: Telephone Cell Email

Proposed Construction is for:
(check only one)

<input type="checkbox"/> New Single-Family Dwelling	<input type="checkbox"/> New Commercial Structure
<input type="checkbox"/> New Two-Family Home	<input type="checkbox"/> Commercial Addition
<input type="checkbox"/> New Multi-Family Dwelling	<input type="checkbox"/> Commercial Alteration
<input type="checkbox"/> Replacement / New Mobile Home	<input type="checkbox"/> Other: _____

Is property within the following?
(You must respond to all)

Historic District (Yes / No)	Approved Site Plan (Yes / No)
Major or Minor Subdivision (Yes / No)	Shoreland Protection Zone(Yes / No)
Flood Hazard Area – per the Flood Insurance Rate Map (Yes / No)	

Is proposed work located within 50 feet of a jurisdictional Wetland Area (Yes / No) –if so please document.

Land Information:

City Water (Yes / No)	Corner Lot (Yes / No)
City Sewer (Yes / No)	

Description of work to be performed: _____

Property Owner Signature

Date

Page 2 - Section A

EXISTING (or PREVIOUS) CONDITIONS

Existing Use: (land only - if so skip to "B")

Residential___ Commercial___ Mixed Use (both)___

Existing Structures: (Existing Conditions)

Existing # of Buildings on site: _____

Total Sq Ft of existing building(s): _____

Garage Parking: _____ Exterior Parking: _____

Electrical Service: _____

Type of Heat: _____ Fuel Type: _____

of Fireplaces: _____ # of Kitchens: _____

Foundation Type: _____ Building Height: _____

of Full Baths: _____ # of Partial Baths: _____

For Residential Units: (Existing Conditions)

of Units: _____

of Bathrooms: _____

of Bedrooms: _____

For Commercial Units: (Existing Conditions)

of Units: _____

Office Area (sq ft): _____

Office Area (sq ft): _____

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PROPOSED CONDITIONS

Proposed Use:

Residential___ Commercial___ Mixed Use (both)___

Setbacks:

Front Setback: _____ Left Setbacks: _____

Rear Setback _____ Right Setbacks: _____

Proposed Structures: (Total of existing + proposed)

Proposed # of Buildings on site: _____

Total Sq Ft of proposed building(s): _____

Garage Parking: _____ Exterior Parking: _____

Electrical Service: _____

Type of Heat: _____ Fuel Type: _____

of Fireplaces: _____ # of Kitchens: _____

Foundation Type: _____ Building Height: _____

of Full Baths: _____ # of Partial Baths: _____

For Residential Units: (Total of existing + proposed)

Proposed # of units: _____

Proposed # of Bathrooms: _____

Proposed # of Bedrooms: _____

For Commercial Units: (Total of existing + proposed)

Proposed # of units: _____

Proposed Office Area: _____

Proposed Other Area: _____

ATTACHMENTS AND SUBMITTALS REQUIRED AT THE TIME OF APPLICATION	
For Residential 1 and 2 Family	For Commercial or Multi-unit Residential
Site Plan <input type="checkbox"/>	Site Plan – Approved Site Plans Must be Certified Prior to Issuance of Building Permits. <input type="checkbox"/>
Driveway Permit [Contact DPW (603) 332-4096] <input type="checkbox"/>	Driveway Permit [If Required] [Contact DPW (603) 332-4096] <input type="checkbox"/>
N.H. Approved Septic Design [If Required] <input type="checkbox"/>	N.H. Approved Septic Design <input type="checkbox"/>
Approved Storm Water Management Plan [Contact DPW (603) 332-4096] <input type="checkbox"/>	Approved Storm Water Management Plan [Contact DPW (603) 332-4096] <input type="checkbox"/>
Two (2) full sets of building plans <input type="checkbox"/>	Three (3) full sets of plans [Stamped When Required by RSA 310 -A] <input type="checkbox"/>
P.U. C. Prescriptive Compliance Application, Res Check Compliance Application, or <input type="checkbox"/>	Letter of Energy Compliance From Design Prof. [May Use Residential Compliance Options to a Maximum building size of 4000 Square Feet] <input type="checkbox"/>
Have you filled out page two Section A and B completely? <input type="checkbox"/>	Have you filled out page two Section A and B completely? <input type="checkbox"/>
Footing Certification – This is Due Prior to Foundation Inspection or Issuance of Building Permit. <input type="checkbox"/>	Footing Certification – This Is Due Prior to Foundation Inspection or Issuance of Building Permit. <input type="checkbox"/>
All Precedent Conditions of the Notice of Decision that was Approved by the Planning Board are met. <input type="checkbox"/>	Statement of Special Inspection [IBC Section 1705] [If Applicable] <input type="checkbox"/>
Fire Department – Fire Protection Plans and Review Fee Submitted In Addition to Building Permit/Fee [If Applicable] <input type="checkbox"/>	Fire Department – Fire Protection Plans and Review Fee Submitted In Addition to Building Permit/Fee. <input type="checkbox"/>

Please be advised, the order of inspections, for the **Building Inspector Only**, are as follows:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Reinforcing Steel Prior to Placement of Concrete. 2. Foundation / Pier Depth 3. Rough Framing (After Sub's have passed) 4. Insulation | <ol style="list-style-type: none"> 5. Drywall Installation(Prior to Mud & Tape) 6. Penetration Firestop 7. Final Inspection |
|---|--|

Note: Not all inspections may apply to every situation and additional inspections may be required as needed. Electrical, Plumbing and Mechanical Work all require additional inspections. Check with Fire Department for their required Inspections.

Certification of Accuracy: As the owner/owners agent of record, I certify that all information contained within this application is true and accurate to the best of my knowledge and belief.

Certification of Compliance: I hereby certify that I am familiar with all pertinent codes relating to the above specified work, and that all work shall be performed in compliance with these codes, also that I am familiar with the City of Rochester Ordinance, Chapter 42 and all use and dimensional Regulations.

Inspections: This signed application constitutes consent on the applicant's part to allow for inspections at the property by the department of Building Safet, Assessing Office and any other required City Staff. Any work that is covered prior to the inspection may be required to be removed for inspection.

Certificate of Occupancy (C/O): A C/O must be issued PRIOR to any occupancy of residential and/or commercial structures. A Certificate of Occupancy shall be clearly displayed in all structures of non-residential uses. For Commercial Projects: As-Built Drawings must be submitted prior to issuance of a C/O.

Permits are non – transferable. If this is an “After the Fact” permit, it will be subject to a fee two times the normal permit fee.

Applicants are advised that the making of a false statement on this form is a criminal offense.

Cost of Construction: _____ **Permit Fee:** _____

Paid: Cash \$ _____ Check # _____

Permit fee is based on \$9.00 per \$1,000.00 of Construction Cost (Rounded Up Nearest \$1,000.00) plus a \$10.00 application fee
Minimum Permit Fee is \$20.00

Applicant Signature

Date

*****DO NOT WRITE BELOW THIS LINE*****

THIS PERMIT IS: ISSUED with the following conditions: DENIED for the following reason(s):

Approved By: _____ Date: _____
Department of Building Safety Director