



# Mechanical Permit Application

City of Rochester, New Hampshire  
Department of Building Safety  
31 Wakefield St. Rochester, NH  
Telephone: (603) 332-3508  
Fax: (603) 509-1912

Issue Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

(This area for office use only)

Map # \_\_\_\_\_

Lot # \_\_\_\_\_

Block # \_\_\_\_\_

Zoning \_\_\_\_\_

Location (Street # & Street Name): \_\_\_\_\_

Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contractor: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

License #: \_\_\_\_\_ Endorsement Type: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact Method:  Telephone  Cell  Email

Residential Property  or Commercial Property  FUEL TYPE: \_\_\_\_\_

## DESCRIPTION OF CONSTRUCTION TO BE PERFORMED:

Heating: \_\_\_\_\_

Ventilation: \_\_\_\_\_

Air Conditioning: \_\_\_\_\_

Other: \_\_\_\_\_

The burden for compliance with all applicable building codes, city ordinances and state laws rests solely upon the property owner and his/her agent. Plans must be submitted to the Rochester Department of Building Safety for approval. **Inspections are required.**

**Instructions for Permit Applications**

1. All information must be printed legibly.
2. Owner name, address and phone number.
3. Location and address of work site.
4. Complete description of work to be done.
5. Number of fixtures, appliances and equipment to be installed.
6. Plans must be submitted on all new buildings and major renovations.

**Notes:**

It is the responsibility of all contractors, electricians and plumbers to obtain the necessary permits from the Building Safety office at City Hall before any work has begun. Work must begin within six (6) months of the issuance of any permit.

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.

Contractors must have a valid license from the State of New Hampshire to obtain a permit. Permits are not transferable.

It is the responsibility of the contractor to obtain all inspections required. A rough-in inspection is required before any work is covered, and a final inspection is required when all work is complete. A forty-eight (48) hour notice is required for any inspection. *This signed application constitutes consent on the applicant's part to allow for all inspections at the property location listed.*

No permit will be issued until all of the above information is furnished, and all the above conditions met.

If you have any questions, feel free to contact the Department of Building Safety at (603) 332-3508

**Statement of compliance:**

I have read and understand the statement and hereby agree to all of the terms stated therein. I agree to abide by any and all codes relating to my field of work, including all national, state and local codes. I also realize that any false statement made in the application for permit may be grounds for revocation of said permit.

Department of Building Safety Approval would certify that the applicant could proceed with certain building improvements in accordance with the specifications submitted. Any deviation from the specifications submitted will require an amendment to this permit or additional permits.

\_\_\_\_\_

Applicant Signature Date

**Cost of Construction:** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_

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

~~~~~(DO NOT WRITE IN THIS SPACE)~~~~~

|                                                                                            |             |
|--------------------------------------------------------------------------------------------|-------------|
| <b>Paid:</b> <input type="checkbox"/> Cash \$ _____ <input type="checkbox"/> Check # _____ |             |
| Approved By<br>Building Safety Director: _____                                             | Date: _____ |