BUILDING PERMIT APPLICATION
Town of Landaff
12 Center Hill Road
Landaff, NH  03585
Phone  (603) 838-6220 *  Fax (603) 838-5225
selectmen@landaffnh.org

PERMIT #________________________       $20 fee received__________

The undersigned hereby applies for a building permit for the following use, to be issued on the basis of the representation contained herein:

1. Name of Applicant_______________________________________________________________
   Mailing Address_________________________________________________________________
   Phone number________________________ email _______________________________________

2. Location of property:  Tax map no._____ Lot no._____
   Street Address_________________________________________________________________

3. Proposed Constructions to be used for:  (please check one)
   Residence_____ Commercial_____ Seasonal_____ Other_____  

4. Permission is requested to:  Build new_____ Remodel_____ Relocate_____ Make
   addition to______ Demolish______
   Sign______ Other (specify)___________________________________________
   Residence_____ Garage_____ Accessory building_____ Factory_____ Commercial
   building______
   Mobile home______ Other (specify)___________________________________________
   Change in use (specify)_______________________________________________________

5. Dimensions of lot:
   Street frontage__________ ft., Depth__________ ft., sq.ft. or acres__________

6. Dimensions of proposed building, addition, or sign:
   Frontage:  Width______ ft., Depth______ ft., Height______ ft.
   Setbacks:  From street______ ft., Side setback from abutter’s property
   line__________ ft., First floor area__________ sq. ft.

7. Sanitation: Approval from the NH Water Supply and Pollution Control Board
   yes____ no_____ permit#__________
   Town Sewer__________ (permission from Lisbon Water and Sewer)
   Permit will not be granted without the above.

building permit (1)
8. Water: Private______ Town Water______ (permission from Lisbon Water and Sewer Board)

9. Driveway/Parking:
   Permit from the Town_______ Permit from the State_________
   Attach a copy of the approved permit, building permit will not be issued without it.
   Adequate off street parking ______________ approved by the Planning Board or Zoning Officer.
   Attach copy of approval.

10. Construction of building, etc.:
    Foundation style______________________________, Foundation material____________________,
    Siding_________________________, Roofing_________________________
    Approval from Governor’s Council on Energy yes______ no______
    Name and address of builder__________________________________________________________

11. Include a sketch showing the dimensions of the lot, location of building(s), location of roads, location of Town water and sewer hookups (if any), names of abutting property owners, and location of proposed structure.

   The undersigned hereby agrees that the proposed work shall be done in accordance with the foregoing statement and in accordance with the Town of Landaff Land Use Plan and Sign Ordinance and any State requirements.

   Applicant’s signature: ___________________________ Date:_________________

   Date received:_________________ Approved___________ Denied____________
   Stipulations/reasoning:____________________________________________________
   Signature of Zoning Officer:______________________________________________

   Date filed with the Selectmen:__________

   Selectmen Signatures (2 required)___________________________________________
   ____________________________________________
   ____________________________________________

   building permit(2)