



TOWN OF ALLENSTOWN
BUILDING DEPARTMENT
APPLICATION FOR BUILDING PERMIT



16 Church St, Allenstown NH 03275

Tel: 485-4276

COMMERCIAL/ MULTI-FAMILY PERMIT

Application Date: _____ - _____ - _____

Property Information

Street Number: _____ Street Name: _____

Unit / Apt No: _____ Tax Map-Lot # _____

Owner Information

First/Business Name: _____ Last Name: _____

Telephone: (day) _____ (eve) _____

Street/Box No: _____ Address _____

City/Town: _____ State: _____ Zip: _____

Applicant, (complete only if applicant is not the property owner.)

First/Business Name: _____ Last Name: _____

Telephone: (day) _____ (eve) _____

Street/Box No: _____ Address _____

City/Town: _____ State: _____ Zip: _____

Contractor, Professional Trades

Name: _____ Phone: _____ License # _____

Telephone: (day) _____ (eve) _____

Street/Box No: _____ Address _____

City/Town: _____ State: _____ Zip: _____

Improvement Type (check only one type)

New Construction Demolition of Structure

Add to Existing Structure Relocate Structure

Alter Existing Structure Foundation Only/Type _____

___ Repair/Repl. Existing Structure ___ Other _____

Is the proposed construction or the property on which it is located in a floodplain zone?

___ Yes ___ No If yes specify zone _____

Dimensions

Lot frontage on public right-of-way _____ ft
Front setback of proposed construction _____ ft
Rear setback of proposed construction _____ ft
Left setback of proposed construction _____ ft
Right setback of proposed construction _____ ft
Building height of proposed construction _____ ft
Wetlands/Surface water setback of proposed construction _____ ft

Number and Type of spaces

Total number of stories in proposed construction _____
Number of new bedrooms in proposed construction _____
Number of new garages in proposed construction _____
Number of fireplaces in proposed construction _____
Number of dwelling units added in proposed construction _____

Area Tabulation

Area of lot on which construction is proposed _____ sq/ft
Building area (add all floors in the proposed construction) _____ sq/ft
Area of all new parking spaces created in this construction _____ sq/ft
Area of garage (s) _____ sq/ft
Area of basement _____ sq/ft

Domestic Water ___ Municipal ___ Private Well

Municipal sewer ___ Yes ___ No DES # _____

Estimated Start Date _____ Estimate Finish Date _____

Total Fee _____ **Received by** _____ **Date** _____

[] Approved
[] Approved with conditions

[] Denied

Signature: _____ Date _____

If a person other than the owner of the property makes the application, It shall be accompanied by a declaration of the owner authorizing the proposed work.