

Town of Effingham Building Permit Application - Residential

FEE SCHEDULE: Under 200sf \$50; 200 - 1,000sf \$100; Over 1,000sf \$150 - Payable to: Town of Effingham

Fee paid

(date received) _____

Property Owner(s): _____ Telephone: _____

Mailing Address: _____ Zip: _____

Email Address: _____

The undersigned hereby requests permission for the described improvements in this application and attached documents. Permit is void in the event of misrepresentation and/or non-compliance with the zoning ordinance, site plan review and subdivision regulations (if applicable) and any other applicable State and Town laws and regulations.

**I authorize the Town of Effingham to enter my property to review the specifics of this application.
I understand that the Town of Effingham reserves the right to take up to 30 days to make a decision on this application.**

Signature of Applicant

Date

Property Information

Project Location: Tax Map # _____ Lot # _____ Lot Size _____ District _____

Street name and address of project location: _____

What is the property's existing use? Please check one: Residential ; Business ; Other _____ *describe*

Does this application include a change of use? _____ Is this property in a special flood hazard area? _____

Please describe the proposed work. **You must include the dimensions of any structures. Sq. Ft:** _____

Please provide the following: Lot Frontage _____ Front Setback _____ Rear Setback _____

Side Setbacks #1 _____ #2 _____ DES Septic System Approval # _____

(Lot frontage is your road frontage. Setback is the number of feet from this application's project to your property line)

On the available grid, or your own plans, show the exact shape of your lot and the location of the road and driveway. Next show all present and proposed buildings in their correct locations, give the size of each (length and width in feet), and mark the setback distances. Finally, mark the location of your septic system and well on the grid. Incomplete applications will be returned.

You must clearly mark the location of any proposed structures at the site, prior to the ZEO reviewing your proposal.

Please read and sign the following statement if you, as owner, designate an agent (co-applicant) to act on your behalf.

I designate the person listed below as my agent for the purpose of procuring the necessary zoning compliance certificate for the proposed work as described herein. Representations made by my agent may be accepted as though made by me personally. I understand that I am bound by any official decision made on the basis of such representations.

Agent Name: _____ Telephone# _____

Agent Address: _____ Email _____

Owner's Signature(s) _____ Date _____

Mail completed form to: ZEO, Town of Effingham, 68 School Street, Effingham, NH 03882 or deliver it to the Town Office

Office use only

Date of Site Visit _____ Reviewed file Date Application Approved _____ Date Application Denied _____

Reason for denial _____

Additional Permits or Approvals Required: Special Exception ~ Variance ~ Site Plan ~

Shoreland ~ Other ~

Health Officer Signature _____

Signature of Zoning Officer _____ (stamp) _____