

## 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:** \_\_\_\_\_

- Square footage of the proposed built, placed or altered construction: \_\_\_\_\_
- Building Foundation: [ ] Footings [ ] Slab [ ] Piles [ ] Caissons [ ] Other \_\_\_\_\_
- Roof height as measured by determining the vertical distance from the average finished grade surrounding the building to a point midway between the highest and lowest points of the highest roof. \_\_\_\_\_

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.**

I wish to designate \_\_\_\_\_ to act on my behalf. (Please attach Agent Authorization form).  
*Agent Name*

**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 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Zoning Officer \_\_\_\_\_ (stamp) \_\_\_\_\_