Town of Effingham

Building Permit Application – For Solar Energy System

Note: A ground mounted solar energy system totaling 4 square feet or less does not require a Permit.

A fee of $100 must accompany this application - 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, including the dimensions (the footprint) and the square footage of the array.

_____

Contractor Name: _____ Telephone#_____

Contractor Address: _____

_____ License # _____

Please provide the following: Lot Frontage _____ Front Setback _____ Rear Setback _____ Side Setbacks #1 _____ #2 _____

(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 structures 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.

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 ..... ~

Signature of Zoning Officer _____ (*stamp*)_____