Town of New Durham, New Hampshire

Application for Building Permit

#603-520-3715 - Buildinginspector@newdurhamnh.gov

Reserved for Office Use Only

Project Address: _____

Zoning District Residential CCVD Town Center (Circle One)

Lot Size & Frontage: _____ acres _____ feet Map & Lot # _____

Owner: _____

Address: _____

Phone: _____ E-Mail Address _____

Gen. Contractor: _____
Business Name

_____
Name of Agent or License Holder

Address: _____

Phone: _____ E-Mail Add: (REQ'D) _____

Description of Work _____

Costs	
Construction	$
Electrical	$
Plumbing	$
Heating/AC	$
Other	$
TOTAL	$

Type of Improvement	
New Building	
Addition	
Alteration	
Repair/Replacement	
Demolition	

Proposed Use	
Residential	
Single Family	
Two Family	
Multi-Family	
# of Units	
Acc. Dwelling	
Garage	
Shed	
Deck	
Commercial	
Other (specify)	

Additional Info Required		
Wood Lot	Y	N
Steep Slopes	Y	N
Feet from Wetlands		
Shore Front Setbacks		

Set Backs/ Building	
Front	
Left	
Right	
Rear	
Building Dimensions	

Required Submissions	
BMP Storm Water	
Building/Architectural Plans	
Plot Plan w/ Wetlands	
Driveway Permit	
Septic Approval #	
Energy Code (EC -1) Certification	
Asbestos Certification	
Site Plan Approval	
Zoning Variances	

I hereby certify that I am the owner, prime contractor, or agent thereof and am the applicant for a Building Permit requested to be issued by the Town of New Durham, New Hampshire, and hereby adknowledge that the approval I receive for said permit is based on the information provided in the application, and in attached plans and specifications, submitted to the Building Official.

Signauture of Applicant _____ Date _____

Form Date: 08-11-2026