

**TOWN OF BRENTWOOD  
NEW HAMPSHIRE**



**APPLICATION FOR PLAN EXAMINATION  
AND BUILDING PERMIT**

**APPLICANT INSTRUCTIONS:** For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. Electrical and plumbing permits are issued separately and must be applied for in person by the licensed professional performing the work. Use Page 3 to provide a narrative of the work to be performed and an informal site drawing of your proposal.

App. Date ____/____/____	Is the Owner the Applicant? (Y/N) _____	Parcel Number (Tax Map & Lot Number) _____
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**1. PROPERTY INFORMATION**

Street Address _____	Zone _____
Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Other	

**2. OWNER INFORMATION**

First Name _____	Last Name or Business Name _____	Phone # / Cell Phone # / E-mail Address _____
Street Address _____	City _____	State              Zip + 4 _____

**3. CONTRACTORS INFORMATION**

	LICENSE NO.	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	STREET ADDRESS, CITY & STATE	PHONE
Architect/Engineer				
Gen'l. Contractor				
Excavation				
Concrete				
Carpentry				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				
Lead Abatement				
Asbestos Abatement				

**4. CERTIFICATION**

I hereby certify that I am the owner of record, or that the proposed work is authorized by the owner of record and I have a notarized statement to that effect. I agree to conform to all applicable laws, codes and ordinances of the Town of Brentwood and State of New Hampshire. By my signature, I certify that inspection officials of the Town of Brentwood are authorized to enter areas covered by such permit at any reasonable hour.

<b>Signature of Applicant</b> _____	<b>Phone Number</b> _____
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**5. BUILDING PERMIT APPLICATION**

<b>Plan Number:</b>	<b>PROPOSED USE:</b>	
<b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> DEMOLITION <input type="checkbox"/> RELOCATION <input type="checkbox"/> FOUNDATION ONLY	<b>COMMERCIAL/INDUSTRIAL:</b> <input type="checkbox"/> RESTAURANT <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER PLACE OF ASSEMBLY <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> HIGH HAZARD	<b>RESIDENTIAL:</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HOTEL / MOTEL <b>STORAGE:</b> <input type="checkbox"/> MODERATE HAZARD <input type="checkbox"/> LOW HAZARD <input type="checkbox"/> OTHER
<b>STRUCTURAL FRAME (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> Masonry <input type="checkbox"/> Wood		<b>EXTERIOR WALLS (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> Masonry <input type="checkbox"/> Wood
<b>ARE ANY STRUCTURAL COMPONENTS TO BE FABRICATED OFF-SITE?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</b>		
Street Frontage (feet)	# of Stories	Lot Area (sq. ft.)
Front Setback (feet)	# of Existing Bedrooms	Building Area (sq. ft.)
Rear Setback (feet)	# of New Bedrooms	Living Area (sq. ft.)
Left Facing Setback (feet)	# of Full Baths	Basement Area (sq. ft.)
Right Facing Setback (feet)	# of Partial Baths	Garage Area (sq. ft.)
Height above Grade (feet)	# of Garage Bays	Office/Sales Area (sq. ft.)
# of Existing Residential Units	# of Windows	Service Areas (sq. ft.)
# of New Residential Units	# of Fireplaces	Manufacturing Area (sq. ft.)
# of Elevators / Escalators	# of Parking Spaces	Parking Area (sq. ft.)
<b>Will there be any outdoor lighting:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>		
Est. Start Date    __/__/__	Est Fin Date    __/__/__	Estimated Construction Cost: \$ _____
<b>NOTE: A check made payable to the "Town of Brentwood" must be submitted with the application. Application fee is .50 Per SF of heated space or .25 per SF of unheated space, with a \$50 minimum. Plan review fee is \$50 Any balance due must be paid prior to the permit being released to the applicant.</b>		
<b>NOTE: A SITE PLAN SHOWING THE LOCATION OF ALL PROPOSED CONSTRUCTION MUST BE PRESENTED WITH THE APPLICATION. IF THE BUILDING INSPECTOR IS UNABLE TO DEFINITELY DETERMINE THAT REQUIRED SETBACKS CAN BE MET, HE MAY AT HIS DISCRETION REQUIRE THAT A CERTIFIED PLOT PLAN PREPARED BY A N. H. LICENSED LAND SURVEYOR BE PRESENTED. COMPLETE BUILDING PLANS INDICATING ALL DIMENSIONS, FEATURES, CONSTRUCTION MATERIALS, ETC., MUST BE PRESENTED WITH THE APPLICATION.</b>		

Upon approval, permits may be picked up at the Selectmen's Office. **THE PERMIT MUST BE CONSPICUOUSLY POSTED ON SITE.**

No new building shall be occupied until the Certificate of Occupancy shall have been issued by the Building Inspector.  
**Call 642-6400 ext 18, to schedule inspections. Or Email [kkaiser@brentwoodnh.gov](mailto:kkaiser@brentwoodnh.gov)**

<b>OFFICE USE:</b>		
Zone: _____	Flood Zone: _____	Acreage _____
% of Lot Coverage: _____	Septic Design Approval Number: _____	

6. NARRATIVE DESCRIPTION OF PROPOSAL

Multiple horizontal lines for writing the narrative description of the proposal.

7. INFORMAL SITE PLAN

Note all existing buildings as well as all proposed changes, additions or new structures, indicating their distance from lot lines and from one another.

Large empty rectangular box for drawing the informal site plan.

The N. H. Department of Environmental Services and Brentwood Health Officer must be notified at least ten working days before any demolition activity occurs, whether or not asbestos of any amount is present. For renovation projects, the N. H. Department of Environmental Services and Brentwood Health Officer must be notified at least ten days prior to any asbestos abatement project involving greater than ten linear feet or 25 square feet of asbestos-containing building material. (RSA 141-E)

EPA Lead Abatement (Renovation, Repair & Painting) Rule: Was this structure built prior to 1978? [ ] YES [ ] NO If yes, EPA Certified Renovator: \_\_\_\_\_ Phone: \_\_\_\_\_ [ ] No lead based paint will be disturbed [ ] Project is less than 6 sq. ft. per room (interior) or 20 sq. ft. (exterior) [ ] Abatement Required

Permit Approved: \_\_\_\_\_ Building Inspector

Fee \$ \_\_\_\_\_

Date: \_\_\_\_\_ Permit # \_\_\_\_\_

Three horizontal lines for signature, followed by the label 'Selectmen'.