

TOWN OF DURHAM
8 NEWMARKET RD
DURHAM, NH 03824-2898
PHONE: 603/868-8064
www.ci.durham.nh.us

FOR OFFICE USE

Permit Number: _____

Sent to the FD _____ EI _____

Fee _____ Check # _____ Cash _____

Map/Lot _____ Zone _____

BUILDING PERMIT APPLICATION

PROJECT LOCATION INFORMATION

(Street No. & Name)

Owner _____
(Name) (Address) (Phone #)

(E-mail Address) (Cell Phone #)

Contractor _____
(Name) (Address) (Phone #)

(E-mail Address) (Cell Phone #)

PROPOSED CONSTRUCTION

- | | |
|--|--|
| <input type="checkbox"/> New Single-Family Dwelling | <input type="checkbox"/> Re-roofing (Spec Sheet Required) |
| <input type="checkbox"/> New Two-Family Home | <input type="checkbox"/> Home Occupation ____ #1 ____ #2 |
| <input type="checkbox"/> New Multi-Family Dwelling | <input type="checkbox"/> New Commercial Structure |
| <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Commercial Renovation |
| <input type="checkbox"/> Residential Renovation (To-Scale Floor Plan Required For Room Renovations) | <input type="checkbox"/> Commercial Addition |
| <input type="checkbox"/> Accessory Apartment | <input type="checkbox"/> Commercial Tenant Fit Out/Change |
| <input type="checkbox"/> Driveway Creation or Alteration - please contact DPW | <input type="checkbox"/> Other _____ |

DESCRIPTION OF WORK TO BE PERFORMED

COST OF IMPROVEMENT(S) – LABOR & MATERIALS

Building _____
Electrical _____
Plumbing _____
Mechanical (Heating, Air Cond.) _____
Other _____
Total Cost of Improvement(s): _____

CERTIFICATION

I hereby certify that I have read and examined this application and know the same to be true and correct. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other federal, state or local law regulating construction or the performance of construction.

No substantive change(s) in the project scope and accompanying plans will be made without approval of the Building Inspector.

I owner/applicant hereby agree to comply with all statutes, ordinances, codes, regulations and rules as they pertain to the exercising of this permit.

I owner/applicant hereby give permission for the Inspectors, Tax Assessor and/or other Town employees to enter onto the property at reasonable times for purposes of assuring compliance with any permits and approvals pertaining to this building permit.

I further acknowledge that the proposed structure or improvement(s) shall not be occupied or otherwise utilized without the issuance of a **CERTIFICATE OF OCCUPANCY or CERTIFICATE OF APPROVAL. A Certificate of Occupancy or Certificate of Approval is required for all permits upon completion of all final inspections. Please see Owner's Statement of Understanding.**

Signature of Contractor or Authorized Agent

Date

Signature of Owner

Date

PLEASE NOTE:

Neither the review of any applications or plans by officials of the Town of Durham, nor any subsequent inspection of the premises, should be relied upon as an assurance of conformity to legal requirements. The applicant shall remain fully responsible for complying with all applicable United States, New Hampshire or Durham laws, ordinances, regulations or conditions.

Separate permits are required for electrical, plumbing, heating, signs, ventilating or air conditioning and driveway access.

All construction debris will be removed and disposed of by the applicant or contractor. **No construction debris shall be left out for Durham Public Works trash pick-up.**

This permit becomes null and void if work or construction authorized has not commenced within 180 days, or if construction or work is suspended or abandoned for a period of 180 days at any time after work has commenced.

This permit is not assignable or transferable.

Owner's Statement of Understanding

As the owner of this property, I am initialing next to each of the Durham Zoning Regulations below indicating that I understand the Zoning Regulations and my responsibility to uphold compliance with these regulations.

HOUSEHOLD – A group of occupants of a dwelling unit restricted to the following categories:

- **FAMILY** – An individual or two (2) or more persons related within the second degree of kinship by civil law or by marriage or adoption or foster care arrangement living together as a single housekeeping unit, including necessary domestic help such as nurses or servants not to exceed three (3) in number.
- **UNRELATED HOUSEHOLD** – Any household not conforming to the definition of a "family," provided that no such household shall have a number of members in excess of the figure provided in Table II-1

No more than three (3) unrelated occupants may occupy a dwelling unit in an R, RA, RB, RC, PO, CH, C, or CC Zoning District.

 Initial _____

OFF-STREET PARKING

General Requirements.

- All parking areas and driveways shall have, at a minimum a smoothly graded stabilized dust-free gravel surface, and shall be clearly delineated on the site, as determined by the Zoning Administrator. **All motor vehicles must be parked in delineated parking areas with no more than 3 vehicles in the front setback.**

There shall be no more than **3 vehicles parked on a regular basis on the entire residential lot in the Residence A and Residence B Districts.** However, more than 3 vehicles may be parked on the lot if the property owner demonstrates that they are for use by lawful occupants of the dwelling unit, as demonstrated by records acceptable to the Zoning Administrator.

 Initial _____

STANDARDS FOR SPECIFIC USES


Accessory Dwelling Units and Accessory Apartments. Accessory dwelling units and accessory apartments shall conform to the following standards:

- In zoning districts where no more than three unrelated persons may occupy a dwelling unit (as specified in subsection 175-55 General Use Standards), there shall be **no more than three unrelated occupants in total for the single-family dwelling and the accessory dwelling unit combined or for the single-family dwelling and the accessory apartment combined.**

 Initial _____

SHORT TERM/OVERNIGHT RENTALS

- **Overnight room rentals and short-term rentals of less than 30 days requires a permit from the Zoning Administrator.** Please contact us prior to advertising or renting for those purposes. Please see Zoning Article XX (R) for information.

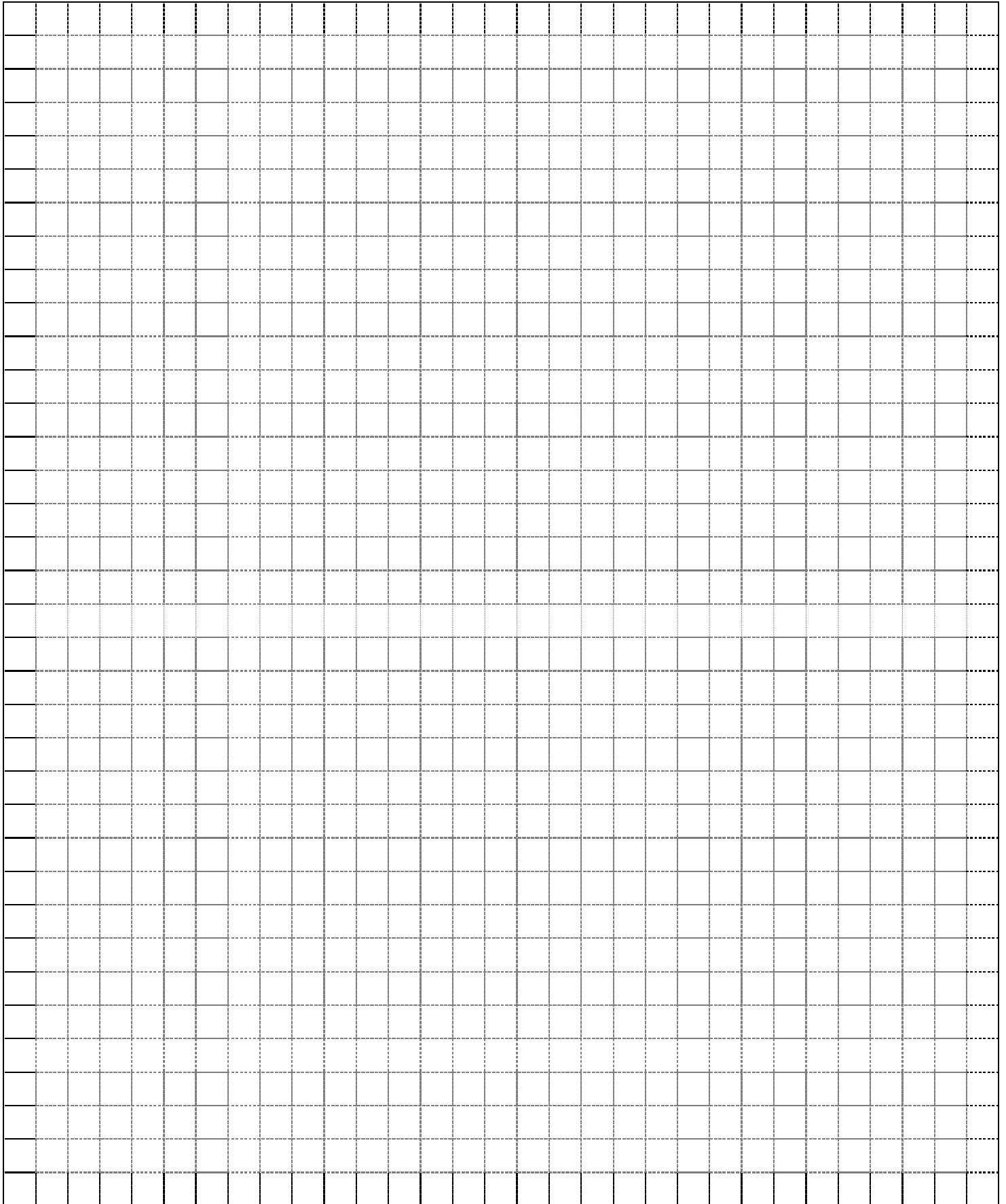
 Initial _____

Sign _____ Date _____

The Zoning Administrator, or his designee, may request that any landowner or association certify compliance with any zoning restriction, including but not limited to age restrictions, rental restrictions, or occupancy restrictions, if, in his discretion, there is a reasonable basis to believe that there is a zoning violation on the property. Should the owner refuse to provide such certification, the Zoning Administrator may seek an administrative search warrant to confirm compliance with the town's zoning ordinance.

**DRAW FLOOR PLAN FOR ROOM RENOVATIONS
OR ATTACH DRAWING TO SUBMITTAL**

1 Square = 1/2 Foot



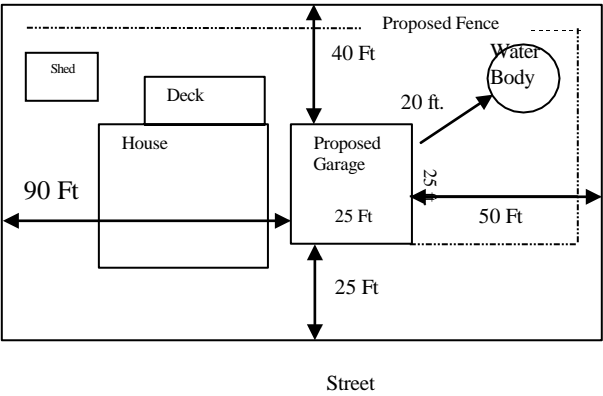
DRAW PLOT PLAN FOR ADDITIONS AND OUTBUILDINGS OR ATTACH DRAWING TO SUBMITTAL

Instructions:

- 1) Show the Property lines and road(s).
- 2) Show the proposed Structure and all existing structures.
- 3) Show the Measurements from the proposed structure to all **lot lines, wetlands and/or shorelands**. Measure straight through existing structures if needed.
- 4) Include the dimensions of the proposed structure.

See Zoning Dimensional Table for setbacks.

Sample Plan:



Fill out for Major Renovations, New Buildings or Changes in Use

| | |
|--|--|
| <p>Page 4 - Section A</p> <p>EXISTING (or PREVIOUS) CONDITIONS</p> <p>Existing Use: (land only <input type="checkbox"/> - if so skip to "B")</p> <p>Residential____ Commercial____ Mixed Use (both)____</p> <p>Town Sewer (Yes/No): _____</p> <p>Town Water (Yes/No): _____</p> <p>Existing Structures: (Existing Conditions)</p> <p>Existing # of Buildings on site: _____</p> <p>Total Sq Ft of existing building(s): _____</p> <p>Electrical Service: _____</p> <p>Type of Heat: _____ Fuel Type: _____</p> <p># of Fireplaces: _____ # of Kitchens: _____</p> <p>Foundation Type: _____ Building Height: _____</p> <p># of Full Baths: _____ # of Partial Baths: _____</p> <hr/> <p>For Residential Units: (Existing Conditions)</p> <p># of Units: _____</p> <p># of Bathrooms: _____</p> <p># of Bedrooms: _____</p> <hr/> <p>For Commercial Units: (Existing Conditions)</p> <p># of Units: _____</p> <p>Commercial Area (sq ft): _____</p> <p>Commercial Area (sq ft): _____</p> | <p>Page 4 - Section B</p> <p>PROPOSED CONDITIONS</p> <p>Proposed Use:</p> <p>Residential____ Commercial____ Mixed Use (both)____</p> <p>Town Sewer (Yes/No): _____</p> <p>Town Water (Yes/No): _____</p> <p>Proposed Structures: (Total of existing + proposed)</p> <p>Proposed # of Buildings on site: _____</p> <p>Total Sq Ft of proposed building(s): _____</p> <p>Electrical Service: _____</p> <p>Type of Heat: _____ Fuel Type: _____</p> <p># of Fireplaces: _____ # of Kitchens: _____</p> <p>Foundation Type: _____ Building Height: _____</p> <p># of Full Baths: _____ # of Partial Baths: _____</p> <hr/> <p>For Residential Units: (Total of existing + proposed)</p> <p>Proposed # of units: _____</p> <p>Proposed # of Bathrooms: _____</p> <p>Proposed # of Bedrooms: _____</p> <hr/> <p>For Commercial Units: (Total of existing + proposed)</p> <p>Proposed # of units: _____</p> <p>Proposed Comm. Area: _____</p> <p>Proposed Comm. Area: _____</p> |
|--|--|