



# RENOVATIONS/REPAIRS/MODIFICATIONS

## BUILDING PERMIT APPLICATION

General Information:	Contact Information:																										
<p><b>Tax Map/Lot #:</b> _____</p> <p><b>Construction Address:</b> _____</p> <p>_____</p> <p><b>Zoning District:</b></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> (HDR) High Density Residential</td> <td><input type="checkbox"/> (SC) Special Civic</td> </tr> <tr> <td><input type="checkbox"/> (LDR) Low Density Residential</td> <td><input type="checkbox"/> (REC) Recreation</td> </tr> <tr> <td><input type="checkbox"/> (VC) Village Commercial</td> <td><input type="checkbox"/> (GB) Greenbelt</td> </tr> <tr> <td><input type="checkbox"/> (C1) Commercial</td> <td><input type="checkbox"/> (WMNF) White Mountain National Forest</td> </tr> <tr> <td><input type="checkbox"/> (SMSZD) Snows Mountain Special Zoning District</td> <td></td> </tr> </table> <p><b>Type of Project:</b></p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Residential</td> <td><input type="checkbox"/> Electrical</td> </tr> <tr> <td><input type="checkbox"/> Commercial</td> <td><input type="checkbox"/> Plumbing</td> </tr> <tr> <td><input type="checkbox"/> Multi-Family</td> <td><input type="checkbox"/> Fireplace/Chimney</td> </tr> <tr> <td><input type="checkbox"/> Accessory Structure</td> <td><input type="checkbox"/> Heating/HVAC</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td><input type="checkbox"/> Gas Piping or Tanks</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Mechanical</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Alarm/Sprinkler</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> (HDR) High Density Residential	<input type="checkbox"/> (SC) Special Civic	<input type="checkbox"/> (LDR) Low Density Residential	<input type="checkbox"/> (REC) Recreation	<input type="checkbox"/> (VC) Village Commercial	<input type="checkbox"/> (GB) Greenbelt	<input type="checkbox"/> (C1) Commercial	<input type="checkbox"/> (WMNF) White Mountain National Forest	<input type="checkbox"/> (SMSZD) Snows Mountain Special Zoning District		<input type="checkbox"/> Residential	<input type="checkbox"/> Electrical	<input type="checkbox"/> Commercial	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Fireplace/Chimney	<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Heating/HVAC	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Gas Piping or Tanks		<input type="checkbox"/> Mechanical		<input type="checkbox"/> Alarm/Sprinkler		<input type="checkbox"/> Other	<p><b>Property Owner(s):</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p>_____</p> <p><b>Phone/Cell:</b> _____</p> <p><b>Email:</b> _____</p> <p><b>General Contractor/Agent:</b></p> <p>_____</p> <p><b>Address of Agent:</b> _____</p> <p>_____</p> <p><b>Phone/Cell:</b> _____</p> <p><b>Email:</b> _____</p> <p>EPA RRP Certificate ID #(All Pre-1978 Residential): _____</p>
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<p><b>Project Description:</b></p> <p>_____</p> <p>_____</p> <p style="text-align: right;"><b>Total Estimated Project Cost: \$</b> _____</p> <p style="text-align: right; font-size: small;">You may be asked for copies of work estimates.</p>																											
<p><b>Electrical Contractor:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>Phone/Cell:</b> _____ <b>Email:</b> _____</p> <p><b>NH Electrical License # (RSA 319-C:1):</b> _____</p>																											
<p><b>Plumbing Contractor:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>Phone/Cell:</b> _____ <b>Email:</b> _____</p> <p><b>NH Plumbing License # (RSA 153:29):</b> _____</p>																											
<p><b>Gas Installer:</b> _____</p> <p><b>Mailing Address:</b> _____</p> <p><b>Phone/Cell:</b> _____ <b>Email:</b> _____</p> <p><b>NH Gas Fitter License # (RSA 153:29):</b> _____</p>																											

**NOTICE TO APPLICANTS:** Your application for this building permit will result in a review by the Town's Assessing Agent. The Review will determine if there is a change in your property valuation for tax purposes. If you have any questions pertaining to valuation changes, please contact the Town Manager at 236-4730.

**ATTENTION CONDOMINIUM UNIT OWNERS AND HOMEOWNER ASSOCIATION MEMBERS:** The rules and regulations of your condominium and homeowners' association may require that you obtain association permission to make the renovations, modifications or repairs you are planning under this building permit. **YOU MUST CONTACT YOUR PROPERTY MANAGEMENT OFFICE OR ASSOCIATION TO OBTAIN REQUIRED PERMISSIONS TO DO THIS WORK.** Questions regarding association permission should be directed to the Building Department (603)-236-4730

It is understood that any permit will not grant any right or privilege to erect any structure or to use any premises herein described for any purpose or in any manner prohibited by the Waterville Valley Zoning Ordinance. Applicant shall remain fully responsible for complying with all applicable state or local laws, ordinances, regulations, or conditions. Further, the signer certifies that all information provided in support of this application is true and complete and authorizes inspection by town officials for purposes of this permit.

Signature of applicant\*: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

**\*If applicant is not the property owner please attach or email a letter of authorization from the owner authorizing the applicant to apply for permits on their behalf.**

**Letter of authorization can be emailed to [aharrington@watervillevalleynh.gov](mailto:aharrington@watervillevalleynh.gov)**

BY THE ISSUANCE OF THIS PERMIT THE TOWN OF WATERVILLE VALLEY NEITHER GUARANTEES NOR REPRESENTS THAT THE CONSTRUCTION PERMITTED WILL BE OR HAS BEEN COMPLETED IN A PROPER, WORKMANLIKE MANNER OR IN COMPLIANCE WITH ANY APPLICABLE LOCAL OR STATE CODE OR REGULATIONS. NO PERSON OR ENTITY SHALL HAVE THE RIGHT TO RELY ON THE ISSUANCE OF THIS PERMIT AS A BASIS TO ASSERT ANY CLAIM AGAINST THE TOWN, ITS OFFICIALS, EMPLOYEES, OR AGENTS FOR PERSONAL INJURY, BODILY INJURY OR PROPERTY DAMAGE INCLUDING WITHOUT LIMITATION ANY CLAIM FOR ECONOMIC OR OTHER CONSEQUENTIAL LOSS.

**PERMIT FEES ARE BASED UPON THE COST OF THE CONSTRUCTION:**

<b>Up to - \$50,000</b>	<b>\$5/\$1,000</b>	<b>\$50 MINIMUM</b>
<b>\$50,000 - \$100,000</b>	<b>\$4.50/\$1,000</b>	<b>\$300 MINIMUM</b>
<b>\$100,000 &amp; UP</b>	<b>\$4/\$1,000</b>	<b>\$500 MINIMUM</b>

<b>Town of Waterville Valley Office Use Only:</b>	<input type="checkbox"/> Planning Board Approval Required	Other Permit(s) Required:
	<input type="checkbox"/> Zoning Board of Approval	<input type="checkbox"/> Tent <input type="checkbox"/> DES
	<input type="checkbox"/> Change of Use or Occupancy Required	<input type="checkbox"/> Sign <input type="checkbox"/> Driveway
	<input type="checkbox"/> Gas System Pressure Test	<input type="checkbox"/> Oil Burner
	<input type="checkbox"/> EPA RR&P Certification (All Pre-1978 Res. Reno)	<input type="checkbox"/> Other: _____
Approved _____	Building Official _____	Date: _____
Conditions of approval: _____		
_____		
_____		

**PAYMENTS**

Balance Due: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Receipt# \_\_\_\_\_ Rec'd Date: \_\_\_\_\_