

**TOWN OF EAST KINGSTON, NH
APPLICATION FOR ALTERATION BUILDING PERMIT**

Name:	Telephone:
Street:	Town/State/Zip:
Building Address:	Tax Map, Block & Lot #:

Type of Construction: Addition Remodel Septic Other _____

Size of Lot: Frontage _____ Depth _____ Total Sq. Ft. _____

Size of Structure: Length _____ Width _____

Distance From: Front Line: _____ Side Line: _____ Right Line: _____ Left Line: _____

Foundation: _____

Exterior Walls: _____

Interior Finish: _____

Roofing: _____

Plumber & License #: _____

Electrician & License #: _____

Attach Plot Plan showing the location of driveway, all buildings and their setbacks from all property lines. Also indicate the location of the well and septic system relative to any natural water source.

Are there any Board of Adjustment variances or pending variances? Yes No If yes, state case number: _____

Remarks/Restrictions:

The undersigned hereby agrees that the proposed work shall be done in accordance with the foregoing statement, and with the plans and specifications submitted; and that the work connected therewith shall conform with the building laws and regulations of the Town of East Kingston, and that I will notify the Building Inspector when: **Inspection No. 1** excavation completed ready for footings. **Inspection No. 2** foundation ready to backfill. **Inspection No. 3** building framed and rough, electrical and plumbing completed. **Inspection No. 4** totally completed ready for occupancy. Work not to continue until each inspection is made and approved by the Building Inspector or his agent. I do certify that I have been authorized by the owner to apply for this permit with a signed affidavit.

I hereby certify, under penalties of perjury, that the estimated cost of construction, alterations, remodeling or other, including labor and materials is \$ _____.

Applicant's Signature _____ Date _____

Building Inspector's Signature _____ Date of Approval _____

Date Fee Paid: Check <input type="checkbox"/> Cash <input type="checkbox"/>	Permit Number Issued: _____
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