



Town of Epping Building Permit Application

Property Owner

Name: _____

Address: _____

Phone: _____

Contractor (applying for permit)

Company: _____

Name (contact person): _____

Address: _____

Phone: _____

Conditioned Sq. Ft. (living area): _____

Unconditioned Sq. Ft. (garage, basement): _____

Total Sq. Footage: _____

Construction Cost: _____

I HEREBY CERTIFY that of all the information on this application is true and accurate, and further that all construction/replacement authorized by this permit shall comply with all of the applicable requirements of the Town of Epping (i.e. Zoning, Subdivision, Site Plan, Building Codes, etc.) as well as the applicable codes of the State of NH. I understand that construction must begin within twelve (12) months of the date of issuance of the Permit. I agree to allow inspections, and CERTIFY that all statements INCLUDING LABOR AND ALL CONSTRUCTION COSTS are true to the best of my knowledge. I further understand that any deviation from the information/specifications noted herein, will render this permit null and void.

Printed Name: _____

Signature: _____ Date: _____

Building Inspector: _____ Date: _____

NOTE: No work shall commence until permits are posted on site. A penalty may be applied if work has started without permit.

Building Permit Received (date): _____

Permit Number: _____

Map & Lot: _____

Property Address: _____

Town Sewer (circle): Yes No

Town Water (circle): Yes No

Residential (circle): New Modular Manufactured(Mobile)
 Pool Shed Remodel Addition

Other: _____

Commercial (circle): New Remodel Addition

Commercial Projects: Check w/Fire Dept. for necessary permits.
(679-5446)

Other: _____

Description of Work: _____

Fee Schedule