## TOWN OF SALISBURY

PERMIT # \_\_\_\_\_

## 9 Old Coach Road, P.O. Box 214 Salisbury, NH 03268

Tel: 603-648-6325 Fax: 603-648-6658

E-mail: cbodien@tds.net

## APPLICATION FOR BUILDING PERMIT

Name of Owner			Tel. #		
Owner's Mail Address					
Property LocationName of Contractor			Tax Map Lot #		
					Work Proposed
Intended Use					
Zoning District					
Building Size: Dimensions		Sq. Ft	# (	of Rooms	
Building Setbacks: Front		Rear	Sidelin	ies	
Foundation Material		Footing Size		Full / Partial / Piers	
Girder Size	Span	Exterior Walls	O.	C	
Floor Joists: 1st Floor – Dimer	nsions	O.C	Sp	oan	
	ensions			oan	
Rafters: Dimensions					
Roofing Material					
Exterior Finish Siding					
Construction plans attached: \( \)					
Septic Installer					
Plumber					
Electrician					
Well Installer					
The undersigned hereby agrees the Plan submitted; and that th and that the owner will notify the	e work connected the	erewith shall conform to t	the Building Cod	e of the Town of Salisbury;	
Signature of Applicant			_ Da	ate	
Upon signature	of the Building Inspe	ector, this application will	become the Buil	ding Permit.	
Building Inspector I			ed	Expiration Date	
Permit Denied					
FOR OFFICE USE ONLY:	— · — · — · — · -			— . — . — . — . — .	
Plot Plan	Zoning		WSPCC _		
Driveway Approval	ZBA	ZBA		Heating	
Site Plan Review					
Energy Code	Asbestos _	Asbestos F		Fee / Paid	

Updated November 17, 2022