

Town of Hampton

Application for Siding/Roofing/ Replacement Windows or Doors

BUILDING ADDRESS _____ UNIT # _____ Map/Lot Number _____ - _____ Zone _____

BUILDING OWNER _____ Phone _____

STREET _____ City _____ State _____ Zip _____

CONTRACTOR _____ Phone _____

STREET _____ City _____ State _____ Zip _____

DESCRIPTION OF PROPERTY:

Commercial Single Dwelling Unit Duplex (Two dwelling units in one or more buildings) Multi-family
(Three or more dwelling units in one or more buildings)

DESCRIPTION OF PROPOSED PROJECT: _____

PLEASE NOTE THE FOLLOWING:

A licensed electrician must do all electrical work in connection with the siding project after obtaining the proper permit. Electrician must be a licensed New Hampshire Master and apply for the permit in person.

This permit is for replacement only – no structural changes to the structure.

All debris must be contained in a dumpster or removed from the site daily.

WHERE THE PERMIT SHOULD BE MAILED? _____ Owner _____ Contractor

Processing Fee \$35 plus \$5 per thousand (or any part of a thousand) of value of construction to be submitted with application.

Value of Construction:

I hereby certify, under penalty of perjury, that all statements given hereon are truthful and accurate, and that the cost of construction, alteration or remodeling (**including labor and materials**) is: \$ _____

I agree to comply with the Town of Hampton's Building and Zoning Ordinance and all work will be constructed in accordance with the New Hampshire State Building Code, and related Codes as adopted, and in accordance with the plans submitted.

I, THE Applicant, do also hereby certify that the above project shall not in any way violate any deed restrictions, right of way, or easements applicable to the property and that I, the Applicant, for myself and my heirs, successors and assigns, do hereby agree to indemnify and hold the Town of Hampton harmless in the event any such restrictions, rights of way, or easements are violated by this project.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

PLEASE PRINT NAME: _____

Note: To schedule inspections, a minimum of 24 hour notice prior to requested date and time is required.

FOR DEPARTMENTAL USE ONLY

FEE \$ _____ Cash _____ Check # _____

APPLICATION APPROVED (Building Official) _____ DATE ____/____/____