

REQUEST FOR INSPECTION APPLICATION



TOWN OF STRATHAM
10 Bunker Hill Avenue, Stratham NH 03885
Building Department (603) 772-7391
www.strathamnh.gov

For Town Use Only: Inspection #: _____ PID: _____ Zone: _____

PROPERTY ADDRESS OF INSPECTION/EVENT:	
PROPERTY OWNER NAME:	
PHONE #:	EMAIL ADDRESS:
CONTACT PERSON:	
PHONE #:	EMAIL ADDRESS:
MAILING ADDRESS:	
OWNER/CONTACT SIGNATURE¹:	DATE:
PRINT SIGNATURE NAME:	

¹**BY SIGNING ABOVE** I hereby certify I am the property owner or have been authorized by the owner to submit this application for the above listed property with full knowledge of the current rules and regulations of the State of New Hampshire and the Town of Stratham. I agree, upon application, to be in conformance with these provisions. I certify that the information given is true and correct to the best of my knowledge.

PROJECT INFORMATION:

☐ Blasting Explosives	☐ Fire Cistern	☐ Foster Care	☐ Restaurant
☐ Bed Bottom (septic)	☐ Fireworks	☐ Hot Work	☐ Rooming/Lodging
☐ Day Care / School	☐ Food Truck	☐ Place of Assembly	☐ Tent
☐ Other:			

DATE AND TIME OF EVENT:
PROJECT DESCRIPTION:

For Town Use Only:

Inspection Fee ² :	Cash/Check/CC #:	Date Paid:
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²Refer to building fee structure approved by the Stratham Select Board on October 20, 2025, effective January 1, 2026, or as amended.

APPROVED: _____ DATE: _____
Signature of Health Officer/Building Inspector, if needed for inspection

APPROVED: _____ DATE: _____
Signature of Fire Chief/Designee, if needed for inspection

Conditions of approval:
