



TOWN OF STRATHAM

10 Bunker Hill Avenue, Stratham NH 03885
Building Department (603) 772-7391 x180
www.strathamnh.gov

REQUEST FOR INSPECTION

STRATHAM FIRE CHIEF _____ HEALTH OFFICER _____ BUILDING INSPECTOR _____

Permit # _____ - _____

Map _____ Lot _____

Zone _____

Street Address of Inspection/Event

Check Type of Inspection (please check all that apply):

Blasting/Explosives _____ Change of Occupant/Use _____ Cistern _____ Cert. of Occupancy _____

Day Care _____ Fire Alarm/Sprinkler _____ Fireworks Displays _____ Foster Care _____

Place of Assembly _____ Pre-Inspection _____ Restaurant _____ Rooming/Lodging _____

School _____ Tent _____ Vent Free Appliance _____ Welding Operations _____ Other _____

Date Inspection needed by: _____ Date & Time of Event: _____

Inspection Fee \$75.00 per visit/inspection * Septic Fee \$50.00 _____ Cash/CC/Check # _____
(Note some projects may require more than 1 visit)

Applicant Information (please print)

Contact Name _____ Phone # _____ Email address _____

Mailing Address _____ City _____ State _____ Zip _____

Owner or Authorized Agent Signature _____ Date _____

*Certification: I hereby certify that I am the owner of record of the named property, or that I have been authorized by the owner to make this application for an Inspection as their authorized agent. **Please note that all inspections are to be scheduled through the Building/Code Enforcement Office at (603) 772-7391 ext. 180*

Conditions of this approval: _____

Signature of Fire Chief/Designee/Health Officer/Building Inspector _____ Date _____