

TOWN OF STRATHAM

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

COMMERCIAL BUILDING PERMIT APPLICATION

For Town Use Only: Building Permit #:	PID:	Zone:
PROPERTY ADDRESS:		
PROPERTY OWNER NAME:		
PHONE #:	EMAIL ADDRESS:	
APPLICANT/CONTRACTOR:		CONTACT:
PHONE #:	EMAIL ADDRESS:	
MAILING ADDRESS:		
OWNER/APPLICANT SIGNATURE*:		DATE:
\mathbf{A} D X GIONING A DOME 11 1 \mathbf{A} C \mathbf{A} I \mathbf{A} D		

***BY SIGNING ABOVE** I hereby certify that I am the owner of record of the subject property or that I have been authorized by the owner to make this application as the authorized agent and agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Enforcement Officer/Building Inspector or representative shall have the authority to enter areas covered by such permit at reasonable hour to enforce the provisions of the code(s) applicable to such permit. I certify that the information given is true and correct to the best of my knowledge. No changes from the application is issued. I acknowledge that all construction will be done in accordance with local town and state ordinances and building regulations and that compliance is the sole responsibility of the owner and applicant. I realize that when all necessary approvals have been acquired, a permit may be granted to allow construction or change in land use in conformance with this application and those plans/specifications submitted in support thereof. I further acknowledge that the proposed structure or improvements shall not be occupied or otherwise utilized without the issuance of a certificate of occupancy by the CEO/Building Inspector.

PROJECT INFORMATION check all that apply. **REQUIRED: 3 sets of hard copy plans AND one electronic file.**

Accessory Structure	Gas Furnace	Renovation/Alteration (Internal)					
Addition (new footprint or volume)	Generator	Renovation/Alteration (External)					
Building (new structure)	Hood Exhaust System	Roofing					
Deck	HVAC	☐ Siding					
	Oil Furnace (Requires NH State Oil B	urner Permit)					
Fence	Other:						
Fire Alarm	Pavement/Parking	🗌 Solar Array					
Fire Systems (pump, sprinkler, etc.)	Plumbing	Tanks (Oil or Propane)					
DESCRIPTION OF WORK (include dimensions/materials/scope of work):							
Cost of Construction:	Permit Fee:	Cash/Check/CC #:					

For Town Use Only: APPROVED FOR CONSTRUCTION:

DATE:

Conditions of approval:

	Business Name:		Contact:				
AL	Electrician Name:		License Number:		Job Cost:		
ELECTRICAL	Phone #: Email Address:						
	Mailing Address:						
	Job Description:						
	Signature:				Date:		
WN E	Permit #: Fee:			Cash/Check #/CC:			
TOWN USE	Building Signature:				Date:		
	Business Name:			Contact:			
G	Plumber Name:			License Num	nse Number: Job Cost:		
IBIN	Phone #:		Email Address:		I		
PLUMBING	Mailing Address:						
Π	Job Description:						
	Signature:			Date:			
TOWN USE	Permit #: Fee:			Cash/Check #/CC:			
TOT SU	Building Signature:				Date:		
	Dunuing Signature.				Date.		
	Business Name:			Contact:	Date.		
				Contact: License Num		Job Cost:	
	Business Name:		Email Address:			Job Cost:	
SAS	Business Name: Gas Fitter Name:		Email Address:			Job Cost:	
SAS	Business Name: Gas Fitter Name: Phone #:		Email Address:			Job Cost:	
SAS	Business Name: Gas Fitter Name: Phone #: Mailing Address:		Email Address:			Job Cost:	
GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description:	Fee:	Email Address:		ıber:	Job Cost:	
DWN JSE GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature:	Fee:	Email Address:		ıber: Date:	Job Cost:	
TOWN USE GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature: Permit #:	Fee:	Email Address:		ber: Date: Cash/Check #/CC:	Job Cost:	
TOWN USE GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature: Permit #: Building Signature:	Fee:	Email Address:	License Num	ber: Date: Cash/Check #/CC:	Job Cost:	
TOWN USE GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature: Permit #: Building Signature: Business Name:	Fee:	Email Address:	License Num	ber: Date: Cash/Check #/CC: Date:	Job Cost:	
TOWN USE GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature: Permit #: Building Signature: Business Name: MBE License Number:	Fee:		License Num	ber: Date: Cash/Check #/CC: Date:	Job Cost:	
TOWN USE GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature: Permit #: Building Signature: Business Name: MBE License Number: Phone #:	Fee:		License Num	ber: Date: Cash/Check #/CC: Date:	Job Cost:	
VAC/MECHANICAL TOWN GAS GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature: Permit #: Building Signature: Business Name: MBE License Number: Phone #: Mailing Address:	Fee:		License Num	ber: Date: Cash/Check #/CC: Date:	Job Cost:	
HVAC/MECHANICAL TOWN GAS GAS	Business Name: Gas Fitter Name: Phone #: Mailing Address: Job Description: Signature: Permit #: Building Signature: Business Name: MBE License Number: Phone #: Mailing Address: Job Description:	Fee:		License Num	ber: Date: Cash/Check #/CC: Date: Job Cost:	Job Cost:	