



TOWN OF SULLIVAN
BUILDING PERMIT APPLICATION

Number: _____
Issued: _____
Expires: _____

Board of Selectmen
452 Centre Street
P O Box 110
Sullivan, NH 03445
603-847-3316

Owner Information

Name: _____ Address: _____
City/State: _____ Zip Code _____ Phone: _____
E-mail _____

Applicant Information – If the applicant is not the owner

Company Name: _____ Address : _____
City/State: _____ Zip Code _____ Phone: _____
Name of Contact Person for this Project: _____

Property Information

Street # _____ Street Name: _____ Map/Lot# _____

Description of Work

Please indicate what the dimensions will be and whether the building is to be a single family, duplex, multi family, accessory dwelling, accessory building (i.e., garage, storage, etc.), or for business purposes*. It is proposed to construct or place this building or manufactured housing on the lot as follows:

A surveyor's plot plan is desirable but not necessary when the map is drawn to scale, indicates the general contours of the land and the location of any wetlands. Reference to the plan should be made to answer the questions contained within the Building Permit Checklist.

Note: Any portion of land classified as "current use" is not eligible for that classification once the land is altered (i.e. erecting, a building, constructing a driveway). A minimum of 10 acres is required for current use classification. Should the lot not meet minimum requirements after construction the entire parcel will be removed from current use classification. Any portion of land removed from current use classification is subject to a penalty equal to 10% of the full and true value of the land.

* The site and building will be in accordance with a site plan, where applicable. The site plan and any other information or documents which may be required shall be included with the application for building permit.

I hereby certify that as the applicant for permit, I am the owner of this property (), or the owners authorized agent () (check one). I hereby declare that the statements and information contained in this application and submitted in conjunction with said application are true and accurate to the best of my knowledge. I understand that I am responsible to ensure that all construction or other work will be completed in accord with all Federal, State, and Local laws, codes, and ordinances. I further certify that I am aware of and will comply with any deed restriction or covenants. I hereby grant permission to the Board of Selectmen or their agent to enter onto the property for the purpose of gathering information on which to make a decision on this application and, if approved, to verify compliance with this application .

Attest: _____ Date: _____
Signature of Applicant

Application accepted for consideration on _____ Date

The Board of Selectmen has 30 days from this date to act upon the application.

Approved _____ Date

Conditions (if any):

Denied _____ Date

Reasons:

Laura J. Merrifield
Chairman, Board of Selectmen

Joe Lewandowski
Member, Board of Selectmen

Jeff Burbank
Member, Board of Selectmen

Approval subject to Special Exception granted by the Zoning Board of Adjustment in Article III of the Community Planning Ordinance.

Date referred to the Zoning Board of Adjustment: _____

Laura J. Merrifield
Chairman, Board of Selectmen

Joe Lewandowski
Member, Board of Selectmen

Jeff Burbank
Member, Board of Selectmen

Amended 5/19/14 by Board of Selectmen
Amended 4/17/17 by Board of Selectmen