TOWN OF KINGSTON
NEW HAMPSHIRE

APPLICATION FOR PLAN EXAMINATION
AND BUILDING PERMIT

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. Electrical and plumbing permits are issued separately and must be applied for in person by the licensed professional performing the work. Use Page 3 to provide a narrative of the work to be performed and an informal site drawing of your proposal.

App. Date  Is the Owner the Applicant? Parcel Number (Tax Map & Lot Number)
__/__/___  (Y/N) ___________________________ ________________________________

1. PROPERTY INFORMATION

Street Address  Zone

Parcel Type: " Residential  " Industrial
" Commercial  " Other

2. OWNER INFORMATION

First Name  Last Name or Business Name  Phone # / Cell Phone # / E-mail Address

Street Address  City  State  Zip + 4

3. CONTRACTORS INFORMATION

<table>
<thead>
<tr>
<th>LICENSE NO.</th>
<th>NAME OF CONTRACTOR</th>
<th>STREET ADDRESS, CITY &amp; STATE</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Architect/Engineer</td>
<td></td>
<td>LAST NAME, FIRST NAME</td>
<td></td>
</tr>
<tr>
<td>Gen'l. Contractor</td>
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<td></td>
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<tr>
<td>Excavation</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Concrete</td>
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<td></td>
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<tr>
<td>Carpentry</td>
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<td></td>
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<tr>
<td>Mechanical</td>
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<td></td>
</tr>
<tr>
<td>Roofing</td>
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<td></td>
</tr>
<tr>
<td>Masonry</td>
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<td></td>
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<tr>
<td>Drywall or Lathing</td>
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<tr>
<td>Sprinkler</td>
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<tr>
<td>Paving</td>
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<tr>
<td>Fire Alarm</td>
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<tr>
<td>Lead Abatement</td>
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<tr>
<td>Asbestos Abatement</td>
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4. CERTIFICATION

I hereby certify that I am the owner of record, or that the proposed work is authorized by the owner of record and I have a notarized statement to that effect. I agree to conform to all applicable laws, codes and ordinances of the Town of Kingston and State of New Hampshire. By my signature, I certify that inspection officials of the Town of Kingston are authorized to enter areas covered by such permit at any reasonable hour.

Signature of Applicant  Phone Number
### 5. BUILDING PERMIT APPLICATION

<table>
<thead>
<tr>
<th>Plan Number:</th>
<th>PROPOSED USE:</th>
</tr>
</thead>
</table>

#### IMPROVEMENT TYPE:
- [ ] NEW CONSTRUCTION
- [ ] ADDITION
- [ ] ALTERATION
- [ ] REPAIR/REPLACEMENT
- [ ] DEMOLITION
- [ ] RELOCATION
- [ ] FOUNDATION ONLY
- [ ] STORAGE

#### COMMERCIAL/INDUSTRIAL:
- [ ] RESTAURANT
- [ ] CHURCH
- [ ] OTHER PLACE OF ASSEMBLY
- [ ] OFFICE
- [ ] RETAIL
- [ ] EDUCATIONAL
- [ ] INDUSTRIAL
- [ ] HOTEL / MOTEL
- [ ] MODERATE HAZARD
- [ ] LOW HAZARD
- [ ] OTHER

#### RESIDENTIAL:
- [ ] SINGLE FAMILY
- [ ] TWO FAMILY
- [ ] MULTI-FAMILY
- [ ] HIGH HAZARD
- [ ] MEDIUM HAZARD
- [ ] LOW HAZARD
- [ ] OTHER

#### STRUCTURAL FRAME (CHECK ALL THAT APPLY):
- [ ] Steel
- [ ] Concrete
- [ ] Masonry
- [ ] Wood
- [ ] Other

#### EXTERIOR WALLS (CHECK ALL THAT APPLY):
- [ ] Steel
- [ ] Concrete
- [ ] Masonry
- [ ] Wood
- [ ] Other

#### ARE ANY STRUCTURAL COMPONENTS TO BE FABRICATED OFF-SITE?  [ ] YES  [ ] NO

<table>
<thead>
<tr>
<th>Street Frontage (feet)</th>
<th># of Stories</th>
<th>Lot Area (sq. ft.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Setback (feet)</td>
<td># of Existing Bedrooms</td>
<td>Building Area (sq. ft.)</td>
</tr>
<tr>
<td>Rear Setback (feet)</td>
<td># of New Bedrooms</td>
<td>Living Area (sq. ft.)</td>
</tr>
<tr>
<td>Left Facing Setback</td>
<td># of Full Baths</td>
<td>Basement Area (sq. ft.)</td>
</tr>
<tr>
<td>Right Facing Setback</td>
<td># of Partial Baths</td>
<td>Garage Area (sq. ft.)</td>
</tr>
<tr>
<td>Height above Grade</td>
<td># of Garage Bays</td>
<td>Office/Sales Area (sq. ft.)</td>
</tr>
<tr>
<td># of New Residential Units</td>
<td># of Windows</td>
<td>Service Areas (sq. ft.)</td>
</tr>
<tr>
<td># of Existing Residential Units</td>
<td># of Fireplaces</td>
<td>Manufacturing Area (sq. ft.)</td>
</tr>
<tr>
<td># of Elevators / Escalators</td>
<td># of Parking Spaces</td>
<td>Parking Area (sq. ft.)</td>
</tr>
</tbody>
</table>

Will there be any outdoor lighting:  [ ] Yes  [ ] No  (Refer to Article 302 of the Kingston Ordinances, Rules & Regulations)

Est. Start Date __/__/___  Est Fin Date __/__/___  Estimated Construction Cost: $____________

**NOTE:** A SEPARATE MECHANICAL PERMIT FOR FURNACES, SOLID FUEL APPLIANCES, INCINERATORS, BOILERS, GENERATORS, HEAT PUMPS, EXHAUST SYSTEMS, ETC., MUST BE OBTAINED FROM THE KINGSTON FIRE DEPARTMENT.

**NOTE:** A SITE PLAN SHOWING THE LOCATION OF ALL PROPOSED CONSTRUCTION MUST BE PRESENTED WITH THE APPLICATION. IF THE BUILDING INSPECTOR IS UNABLE TO DEFINITIVELY DETERMINE THAT REQUIRED SETBACKS CAN BE MET, HE MAY AT HIS DISCRETION REQUIRE THAT A CERTIFIED PLOT PLAN PREPARED BY A N. H. LICENSED LAND SURVEYOR BE PRESENTED. COMPLETE BUILDING PLANS INDICATING ALL DIMENSIONS, FEATURES, CONSTRUCTION MATERIALS, ETC., MUST BE PRESENTED WITH THE APPLICATION.

**ATTACH ALL PLANS, DRAWINGS, REPORTS, ETC. AT TIME OF SUBMITAL. THERE MAY BE A DELAY IN ISSUANCE OF THE PERMIT UNTIL THE BUILDING INSPECTOR IS ABLE TO REVIEW THE APPLICATION. YOU WILL BE NOTIFIED WHEN YOUR APPROVAL IS READY TO BE PICKED UP. THE PERMIT MUST BE CONSPICUOUSLY POSTED ON SITE.**

**ARTICLE 301.4:** No new building shall be occupied until the Certificate of Occupancy shall have been issued by the Building Inspector. Call 642-3342, extension 104 to schedule inspections (see inspection schedule on reverse side of permit).

#### OFFICE USE:

Zone: ______  Flood Zone: ______  Acreage ______

% of Lot Coverage: ______  Septic Design Approval Number: ______

**PERMIT ISSUANCE APPROVED:__________________________ FEE:__________________________**

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6. NARRATIVE DESCRIPTION OF PROPOSAL

7. INFORMAL SITE PLAN

Note all existing buildings as well as all proposed changes, additions or new structures, indicating their distance from lot lines and from one another.

The N. H. Department of Environmental Services and Kingston Health Officer must be notified at least ten working days before any demolition activity occurs, whether or not asbestos of any amount is present. For renovation projects, the N. H. Department of Environmental Services and Kingston Health Officer must be notified at least ten days prior to any asbestos abatement project involving greater than ten linear feet or 25 square feet of asbestos-containing building material. (RSA 141-E)

EPA Lead Abatement (Renovation, Repair & Painting) Rule:
Was this structure built prior to 1978? ☐ YES  ☐ NO  If yes, EPA Certified Renovator: ____________________________ Phone: ____________________________

☐ No lead based paint will be disturbed
☐ Project is less than 6 sq. ft. per room (interior) or 20 sq. ft. (exterior)
☐ Abatement Required