

**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?  (Y/N)	Parcel Number (Tax Map & Lot Number)  _____
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**1. PROPERTY INFORMATION**

Street Address  _____	Zone  _____
Parcel Type: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> 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**

	LICENSE NO.	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	STREET ADDRESS, CITY & STATE	PHONE
Architect/Engineer				
Gen'l. Contractor				
Excavation				
Concrete				
Carpentry				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				
Lead Abatement				
Asbestos Abatement				

**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.

<b>Signature of Applicant</b>	<b>Phone Number</b>
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**5. BUILDING PERMIT APPLICATION**

<b>Plan Number:</b>	<b>PROPOSED USE:</b>
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<b>IMPROVEMENT TYPE:</b> <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> REPAIR/REPLACEMENT <input type="checkbox"/> DEMOLITION <input type="checkbox"/> RELOCATION <input type="checkbox"/> FOUNDATION ONLY	<b>COMMERCIAL/INDUSTRIAL:</b> <input type="checkbox"/> RESTAURANT <input type="checkbox"/> CHURCH <input type="checkbox"/> OTHER PLACE OF ASSEMBLY <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> HIGH HAZARD	<b>RESIDENTIAL:</b> <input type="checkbox"/> SINGLE FAMILY <input type="checkbox"/> TWO FAMILY <input type="checkbox"/> MULTI-FAMILY <input type="checkbox"/> HOTEL / MOTEL <b>STORAGE:</b> <input type="checkbox"/> MODERATE HAZARD <input type="checkbox"/> LOW HAZARD <input type="checkbox"/> OTHER
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<b>STRUCTURAL FRAME (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> Masonry <input type="checkbox"/> Wood	<b>EXTERIOR WALLS (CHECK ALL THAT APPLY)</b> <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> Masonry <input type="checkbox"/> Wood
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**ARE ANY STRUCTURAL COMPONENTS TO BE FABRICATED OFF-SITE?    YES    NO**

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

**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 DEFINITELY 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 SUBMITTAL. 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).

<b>OFFICE USE:</b>		
Zone: _____	Flood Zone: _____	Acreage _____
% of Lot Coverage: _____	Septic Design Approval Number: _____	

**PERMIT ISSUANCE APPROVED:** \_\_\_\_\_      **FEE:** \_\_\_\_\_

**6. NARRATIVE DESCRIPTION OF PROPOSAL**

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**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

