



Permit Renewal

(No Change of Contractors)

City of Rochester, New Hampshire
 Department of Building, Zoning & Licensing Services
 31 Wakefield St. Rochester, NH
 Telephone: (603) 332-3508
 Fax: (603) 509-1912

Issue Date: _____

Permit #: _____

(This area for office use only)

Map # _____

Lot # _____

Block # _____

Zoning _____

LOCATION OF BUILDING	AT (LOCATION) _____ (NO.) _____ (STREET) _____	ZONING DISTRICT _____
	BETWEEN _____ (CROSS STREET) _____ AND _____ (CROSS STREET) _____	

RESIDENTIAL _____ NON-RESIDENTIAL _____
Type of Improvement _____
New Building _____ Addition _____ Alteration _____
Repair _____ # of Bedrooms _____ Bathrooms _____
of Stories _____ Total Square Footage _____
HIST. DIST. Y N Foundation Only _____
Type of Water Supply _____
Type of Sewage Disposal _____ Approval # _____
Total Cost of All Improvements _____

ELECTRICAL
Contractor _____
Address _____
Master License Number _____
Telephone Number _____
Entrance: Voltage _____ Ampere _____ Phase _____
Type: Residential _____ Non-Residential _____
Estimated Cost _____

PLUMBING
Contractor _____
Address _____
Master License Number _____
Telephone Number _____
Number of Fixtures _____
Type: Residential _____ Non-Residential _____
Estimated Cost _____

MECHANICAL
Contractor _____
Address _____
License Number _____
Telephone Number _____
Type of Heating Fuel _____
Type: Residential _____ Non-Residential _____
Estimated Cost _____

FIRE ALARM
Contractor _____
Address _____
Telephone Number _____
Type: Residential _____ Non-Residential _____
Estimated Cost _____

FIRE PROTECTION
Contractor _____
Address _____
Telephone Number _____
Type: Residential _____ Non-Residential _____
Estimated Cost _____

Name	Mailing Address – Number, street, city, and state	Zip Code	Tel. No.
Owner or Lessee			
Contractor			
Architect or Engineer			

The owner of this building and the undersigned agree to conform to all applicable laws of this jurisdiction.

Signature of Applicant	Address	Application Date

ZONING
 District _____
 Use _____
 Front _____
 Side Yard _____ Side Yard _____
 Rear Yard _____

MISCELLANEOUS PERMITS
 Fencing _____ Cost _____
 Signs _____ Cost _____
 Pools _____ Cost _____
 Demolition _____ Cost _____
 Other _____ Cost _____

Is this property located in a Flood Hazard Zone: YES _____ NO _____

NOTES:

SITE OF PLOT PLAN – *For Applicant Use*

DESCRIPTION OF WORK

*******(DO NOT WRITE IN THIS SPACE-OFFICE USE ONLY)*******

PAID BY: _____	DATE: _____
REC'D BY: _____	CASH <input type="checkbox"/> CHECK # _____
APPLICANT SIGNED: <input type="checkbox"/>	AMOUNT: _____

Approved By: _____ Date: _____
 Department of Building, Zoning & Licensing Services
