

**TOWN OF ANTRIM, P.O. Box 517 Antrim, NH 03440 603-588-6785**

**APPLICATION FOR PERMIT TO BUILD**

Date submitted \_\_\_\_\_ Date approved \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Site \_\_\_\_\_ New House # \_\_\_\_\_

Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Zoning District \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Electrician \_\_\_\_\_

License # \_\_\_\_\_ Phone \_\_\_\_\_

Plumber \_\_\_\_\_

License # \_\_\_\_\_ Phone \_\_\_\_\_

Classification: Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_  
Garage \_\_\_\_\_ Deck/Porch \_\_\_\_\_ Addition \_\_\_\_\_  
House \_\_\_\_\_ Dimensions \_\_\_\_\_

Septic \_\_\_\_\_ Foundation \_\_\_\_\_

Heat: Oil \_\_\_\_\_ LP \_\_\_\_\_ Other \_\_\_\_\_

Square Footage of all Horizontal Projections \_\_\_\_\_

Type of work: New \_\_\_\_\_ Renovation \_\_\_\_\_ Repair \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_

Building Inspector's signature \_\_\_\_\_ Date \_\_\_\_\_