

Permit #: _____

Fee Paid: \$ _____

CHK #: _____

APPLICATION for CERTIFICATE OF ZONING COMPLIANCE

Town of Sanbornton, New Hampshire

Applicant Information:

Applicant (Property Owner): _____
 Mailing Address: _____ E-mail: _____
 Telephone: Residence: _____ Cell: _____ Work: _____
 Contractor: _____ Contractor Phone: _____

Proposed Project Information:

Project Location: _____ Tax Map & Lot #: _____
 Zoning District: _____ Land in Current Use? Y: _____ N: _____
 Overlay District: Aquifer Wetland Shorefront Floodplain Steep Slope
 Brief Project Description: _____

Residential Project:

Single Family Two Family Multi (3+) Family Accessory Apartment
 Manufactured Housing/Year of Manufacture: _____ Make/Model: _____
 Additional Bathrooms _____ Additional Bedrooms _____ Additional SF _____
 Building Length _____ Ft Building Width _____ Ft Building Height _____

Residential Addition: Deck Porch Garage Other (Specify): _____

Accessory Building or Use: Barn Shed In-Ground Pool Other: _____

Commercial (Specify): _____

Industrial (Specify): _____

Renewals & Demolitions: _____

Change in Use of Property: _____

Property Information:

Lot Size _____ Acres Road Frontage _____ Feet Lake Frontage _____ Feet
 Drilled Well Dug Well Spring Water Lake Water Shared Well

Setbacks - List number of feet the proposed Project is from the following:

Front Property Line _____ Ft.	Left Property Line _____ Ft.	Wetlands _____ Ft.
Rear Property Line _____ Ft.	Lake/Pond _____ Ft.	Flood Plain _____ Ft.
Right Property Line _____ Ft.	Streams _____ Ft.	Other Structures _____ Ft.

WARNING: Please be advised that inspections of footings (for projects which require foundations) will be scheduled by appointment. Applicant must contact Zoning Enforcement Officer to schedule inspection. If you continue project upon completion of footings & before footing inspection, you do so at your own risk. If footings are not compliant with Zoning setback requirements, a "Stop Work Order" will be issued & the project halted until compliance has been attained. Applicant's acknowledgement of this warning is required for completion of this

NOTE: If no appointment is made, the Zoning Enforcement Officer will make inspection approximately 6 months after issuance of the Certificate of Zoning Compliance.

Acknowledgement of Applicant: _____ Date: _____

MUST OBTAIN THE FOLLOWING BEFORE CERTIFICATE OF ZONING COMPLIANCE ISSUED:

- NH DOT Driveway Permit Approval #: _____
- NH DES Alteration of Terrain Permit #: _____
- NH DES SWQPA Permit Approval #: _____
- NH DES Dredge & Fill Permit #: _____
- NH DES Septic System Approval #: _____ for _____ bedrooms
- NH Licensed Gas Installation: Installer Name: _____ Lic. # _____
- Heating Appliance Installation Application Permit: _____ (Approval & Inspection by SFD)
- NH PUC Energy Code Compliance Approval #: _____
- NH DES Asbestos Demolition/Renovation Notification Form
- NH State Fire Code Compliance (Inspection & Approval by SFD)
- Sanbornton DPW Driveway Permit Approval #: _____
- Sanbornton Fire Dept. Approval #: _____
- Sanbornton Health Officer Approval #: _____
- Sanbornton Historic District Commission Approval: _____
- Sanbornton Planning Board Approval: Site Plan Review Erosion Control Class VI Road
- Sanbornton Zoning Board of Adjustment Approval (Submit copy of Variance or Special Exception)
- WRBP Sewer Service Connection Approval: New Existing Additional Hook-Up

E-911 Section: For E-911 numbering, include footage from both property lines to center of driveway.
Measurement from both property lines to center of driveway: Right: _____ Left: _____

Plan Requirements:

- 1) Plot plan must be submitted showing property boundary, all buildings, well, septic system and driveway. Show any streams, ponds, lakes or wetlands. (**NOTE:** If property is in Current Use, indicate the area left out or draw a detailed map of what needs to be taken out of Current Use.)
- 2) Floor plans showing room dimensions to the nearest foot.
- 3) Building elevation drawings showing front, right, left and rear dimensions to nearest foot.

Renewal: Renewal of this certificate is required to continue any structural work not completed within 2 (two) years. Only one renewal for an additional 1 (one) year is permitted. Another plot plan is not necessary unless changes to the original application are proposed.

Fees: Check for \$ _____ is attached. Check #: _____

Send Certificate of Zoning Compliance to: _____

The undersigned applicant hereby agrees that:

- 1) All information provided is accurate to the best of the Applicant's knowledge;
- 2) All proposed work shall be done in accordance with the foregoing statements and shall conform to provisions of the Sanbornton Zoning Ordinance and pertinent Federal, State and local regulations;
- 3) Proposed building corners will be accurately staked out for inspection;
- 4) Appropriate municipal officials may enter upon this property for inspection purposes as required;
- 5) Unauthorized changes shall constitute grounds for revocation of this certificate.

NOTE: *A. This Certificate of Zoning Compliance expires 2 (two) years from date of issuance;*
B. Issuance of this Certificate reflects the Applicant's current compliance with the Sanbornton Zoning Ordinance an all other pertinent Town, State and Federal regulations.

NOTE: Applicant may use this space to show plot plan. Submit floor plan and building elevation drawings separately.

Applicant's Signature

Date

Received by Zoning Office

Date

Action of Board of Selectmen or Designee:

Date: _____

Grant _____ Deny _____ Refer to: _____

Conditions: _____

Town Permit #: _____

Signed: _____
Zoning Enforcement Officer or Selectmen