



TOWN of BRENTWOOD NH

NEW CONSTRUCTION BUILDING PERMIT APPLICATION.

INFORMATION REQUIRED FOR SUBMISSION WITH A NEW CONSTRUCTION PERMIT APPLICATION

PROPERTY ADDRESS: _____ .Map. _____ Lot. _____ .-. Zone _____ .

PROPERTY OWNER: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

APPLICANT: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

GEN-CONTRACTOR: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

.LIST OF ALL SUB-CONTRACTORS: _____ .

SUB-CONTRACTOR: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

SITE WORK-EXCAVATION: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

FOUNDATION: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

FRAMING: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

ELECTRICAL: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

PLUMBING: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

MECHANICAL: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

FIRE-DRAFT STOPPING: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

INSULATION INSTALLER: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

MASONARY: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

WELL COMPANY: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

SEPTIC SYSTEM INSTALLER: _____ .Telephone No. _____ .

Mailing Address: _____ .Town _____ State _____ Zip _____ .

Email Address: _____ .Contact Person. _____ .

\$100. FINE IF PERMIT IS NOT POSTED AT TIME OF INSPECTION

Inspections must be scheduled at least 48 hours in advance

A RE-INSPECTION FEE WILL BE REQUIRED AFTER A FAILURE ON ANY INSPECTION.