



# RESIDENTIAL BUILDING PERMIT APPLICATION

**Town of Gilford ~ Department of Planning and Land Use**  
47 Cherry Valley Rd ~ Gilford, NH 03249  
Phone: 603-527-4727 ~ Fax: 603-527-4731 E-mail: [planning@gilfordnh.org](mailto:planning@gilfordnh.org)

Date: \_\_\_\_\_

## Information on the property

Street number: \_\_\_\_\_ Street name: \_\_\_\_\_

Unit/Apt. No.: \_\_\_\_\_ Tax Map & Lot # \_\_\_\_\_

## Owner of property mailing information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street/Box No.: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Applicant (if not the property owner)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Street/Box No.: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Contractors, Professions, Licensed Trades, etc.

Business Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street/Box No.: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Type of Project

- |   |  |
|---|--|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Addition                |
| <input type="checkbox"/> Remodel          | <input type="checkbox"/> Repair/Replace Existing |
| <input type="checkbox"/> Alteration       | <input type="checkbox"/> Foundation Only         |

**Dimensions (of proposed construction)**

Lot frontage \_\_\_\_\_ ft.  
 Front setback \_\_\_\_\_ ft.  
 Rear setback \_\_\_\_\_ ft.  
 Left setback \_\_\_\_\_ ft.  
 Right setback \_\_\_\_\_ ft.  
 Height of building \_\_\_\_\_ ft.  
 Shorefront setback \_\_\_\_\_ ft.  
 Wetlands/surface water setback \_\_\_\_\_ ft.

Is the proposed construction located in the Floodplain Zone? \_\_\_\_\_

**Proposed construction information**

Number of stories	_____	Sewer Permit	_____
Number of bedrooms	_____	or Septic Permit	_____
Number of garage stalls	_____	Driveway Permit	_____
Number of fireplaces or woodstoves	_____	Shoreland Permit #	_____
Number of outdoor parking spaces created	_____		
Heat type:	_____		
Water supply type:	_____		

Other info: \_\_\_\_\_

**Please provide a paragraph describing the proposed work:**

**Please provide a sketch of the property indicating street(s), structure(s), and ACTUAL dimensions between structure(S) and lot line(s) to enable a determination of SETBACKS below:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner authorization:** \_\_\_\_\_

**Signature of property owner or agent authorization by property owner described in this application must be submitted in writing.**

**Square footage calculation**

Finished Basement: \_\_\_\_\_ sq. ft. 1<sup>st</sup> floor: \_\_\_\_\_ sq. ft. 2<sup>nd</sup> floor: \_\_\_\_\_ sq. ft.  
Deck/Porch: \_\_\_\_\_ sq. ft. Garage: \_\_\_\_\_ sq. ft. Shed: \_\_\_\_\_ sq. ft.  
Other: \_\_\_\_\_ sq. ft.

Total square footage: \_\_\_\_\_

Estimated Cost of all materials and labor for the proposed construction: \$ \_\_\_\_\_

Estimated start date: \_\_\_\_\_ Estimated finish date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Total Fees: \_\_\_\_\_ Check# \_\_\_\_\_  
Received by: \_\_\_\_\_  
Date: \_\_\_\_\_

- Denied
- Approved
- Approved with the following condition(s)

Building Inspector/Code Enforcement Officer Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Notes: