Date Rovd:	
Ck #:	/ Cash/CC
Receipt #:	
Mail / Pick-up	





Permit#	
Permit Fee \$	

TOWN OF SEABROOK, NH APPLICATION FOR $\underbrace{\textbf{RESIDENTIAL}}_{\text{Application must be in ink and legible}} \text{BUILDING PERMIT}$

Project Address:			
Tax Map: Lot: S	eq.:Zoning District:	Is Lot in Current Use? Y / N	
In Flood Plain Area?: Y / N	Distance from nearest wetland	l (within 100 ft):	
		E-mail:	
Address:			18
		E-mail:	51
TYPE OF IMPROVEMENT (che	ck all that apply) New Structure:	Garage: Shed: ADU:	-
Foundation Only: Addition: _	Alteration: Repair / R	Replacement: Demolition:	
	DECOMPTION OF MC	DDV.	\preceq
	DESCRIPTION OF WC	JKK	
			/
		al, mechanical and gas installations	
	ired for water service, sewer ser nust accompany all applications,	vice, driveway construction, and demolition	10
5. Two sets of buttuing punts in	usi accompany an appacanons,	, емсері гершіг герійсетені	
PERMIT FEE: \$25.00 Plu	us \$6.00 per thousand of the es	stimated cost, or any part thereof	
I hereby certify, under pena	lties of perjury, that the estimate	ed cost of the above listed work, including all	1
		, Plumbing and Mechanical work to be listed	
separate applications.			
		with all Town of Seabrook and State of NH	
pertaining to this application		be accessible for any and all inspections	
		Datas	
Signature of Owner / Agei	.11.	Date:	- ver)

PLOT PLAN

Show setback distances from new structures to all property lines. Please remember that the front setback is measured from the property line, not from the road. Failure to submit a completed plot plan will delay the processing of your application. Plan must be in ink and legible

Dis	tance from rear lot line
Distance	Distance
from	from
left lot line	Right lot line
←	iot line —
Distance from f	ront lot line 🗸

Agent Authorization: The individual listed as agent has my permission to act on my behalf for purposes of this application.

Property Owner Sig	nature:		Date:	
	OFI	FICE USE ONLY		
	TO BE FILLED O	JT BY BUILDING	INSPECTOR	
Water Permit:	Sewer Permit:	Demo Permit:	Driveway Perm	nit:
Planning Board Case	e#:ZE	BA Case #:		
	Reas			
If applicant was den	ied, indicate if the applic	ant was referred to:	(circle)	
Board of Adjustmen	t Health Officer	Board of Selec	etmen Plan	ning Board
Building Inspector's	Signature:	Date o	of Approval:	
	Building Permit App	lication #:		