



BUILDING PERMIT

Town of Campton, NH
12 Gearty Way, Campton NH 03223
603-726-3223
www.camptonnh.org

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

LOCATION OF PROPERTY: _____

MAP & LOT #: _____ ACREAGE: _____

TYPE OF BUILDING: _____

State size, etc. Attach copy of floor plan (if required) If a Mobile Home, attach copy of deed.

DATE CONSTRUCTION TO START: _____ ESTIMATED COMPLETION DATE: _____

ESTIMATED COST: _____

NH SEPTIC APPROVAL #: _____ SEPTIC DESIGN ATTACHED: YES NO

NH INSTALLER NAME & #: _____

TYPE OF WATER SUPPLY: _____ IS PROPERTY IN A FLOODPLAIN?: YES NO

IS THE PROPERTY IN CURRENT USE?: YES NO *If YES, Please provide map of area being removed.*

IS THE PROPERTY LOCATED ON A CLASS VI ROAD? YES NO

DOES YOUR BUILDING REQUIRE A SPRINKLER SYSTEM? YES NO

BUILDING MUST BE 25ft. FROM ANY LOT LINE AND 50ft. FROM BOUNDARY OF HIGHWAY RIGHT OF WAY LIMITS AND COMPLY WITH THE CAMPTON ZONING ORDINANCE. PROPERTY OWNER IS RESPONSIBLE FOR KNOWING THE LOCATION OF THEIR BOUNDARY LINES.

We (I) herby certify that all information provided by us (me) is accurate, and that construction/improvements will be built in compliance with the State Regulations and Town Zoning Ordinance and acknowledge that we are in receipt of the Ordinance (to download Zoning Ordinance, go to www.camptonnh.org).

DATE: _____

APPLICANT (Property Owner's Signatures)

COMPLIANCE OFFICER'S COMMENTS:

PERMIT APPROVED: _____

PERMIT DENIED: _____

REASON FOR DENIAL: _____

COMPLIANCE OFFICER'S SIGNATURE: _____

DATE: _____

PERMIT EXPIRES: _____

COMPLIANCE FOLLOW UP: _____

CAMPTON BOARD OF SELECTMEN

Date: _____

