



Town of Auburn, New Hampshire Building/Code Enforcement  
P.O. Box 309, 47 Chester Road, Auburn, NH 03032  
(603) 483-5052 Ext 3 [bldginsp@townofauburnnh.com](mailto:bldginsp@townofauburnnh.com)

## Building Permit Application

### *Property Information – where improvements are proposed*

Street Address: \_\_\_\_\_ Zoning District \_\_\_\_\_

Property Map & Lot Number \_\_\_\_\_

### *Owner Information – who owns the property where the improvements are proposed*

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### *Applicant Information – if different than property owner*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Address: \_\_\_\_\_

### *Application Information: Describe the proposed improvements*

**Permit Type:** New Home (\*) include building plan set and energy code worksheet

Addition Alteration Garage Shed Deck Pool Septic installation

**Description of Work:** If necessary, attach description, construction details and/or plan set

\*Include existing and proposed layout for all interior alterations

\*\* Include property plot plan for ALL structures over 120 square feet in area.

Electrical, Plumbing, Mechanical permits shall be secured separately by licensed subcontractors.

I hereby certify that as the applicant for permit I am the owner of the property, or the owner's authorized agent. I hereby declare that the statements and information contained in this application and submitted in conjunction with said application are true and accurate to the best of my knowledge. I understand that I am responsible to ensure that all construction or other work will be completed in accord with all Federal, State and Local laws, codes and ordinances, including but not limited to the State Building Code (NH RSA 155-A). I understand that I am responsible to ensure that all inspections will be completed as required by the Town of Auburn and no structure will be in violation of Federal, State or Local laws, codes and ordinances. The making of a false statement on this form shall constitute a criminal offense.

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

*Signature of Applicant*