



Permit # \_\_\_\_\_  
 Min Fee \_\_\_\_\_  
 Permit Fee \_\_\_\_\_  
 Total \_\_\_\_\_

# City of Keene

## PERMIT APPLICATION

Community Development Department  
 3 Washington Street  
 Keene, New Hampshire 03431  
 603-352-5440

**Property Information- Where improvements are proposed**

Street # \_\_\_\_\_ Unit/Apt # \_\_\_\_\_ Street Name \_\_\_\_\_ Zoning \_\_\_\_\_ Floodplain \_\_\_\_\_

**Owner Information- Who owns the property where the improvements are proposed**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant Information- If the applicant is not the owner**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name of Contact Person for this Project: \_\_\_\_\_ Phone # \_\_\_\_\_

**Application Information- Describe the proposed improvements Check all that apply**

Permit Type: Building Electrical Plumbing Change of Use Other \_\_\_\_\_ # of \_\_\_\_\_  
 Building Use: Single-Family Multi-Family Commercial Other \_\_\_\_\_ # of Units: \_\_\_\_\_ Stories: \_\_\_\_\_  
 Work Type: New Addition Renovation Move Partial Value: \$ \_\_\_\_\_

**Description of Work:**  
**Attach description if needed**

**Plumbing and Electrical sub-contractors- Signature indicates responsibility for compliance with laws and codes**

**Electrical Contractor- State License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 License Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Plumbing Contractor- State License Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_  
 License Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Design Professional- Responsible Architect or Engineer**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby certify that as the applicant for permit, I am the owner of this property , or the owners authorized agent  (check one). 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, code and ordinances, including but not limited to the State Building Code NHRSA 155-A. I understand that I am responsible to ensure that all inspections will be completed as required by the City, and no structure will be used in violation of Federal, State and Local laws, code and ordinances. The making of a false statement on this form shall constitute a criminal offense.

Attest: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Applicant* Required: ie 5/7/2015