

APPLICATION for CERTIFICATE OF ZONING COMPLIANCE

Town of Sanbornton, New Hampshire

(04/27/2012)

Applicant Information:

Applicant (Property Owner) _____
Mailing Address _____ Email Address _____
Telephone: Residence _____ Cell _____ Work _____
Contractor _____ Contractor Contact Phone _____

Proposed Project Information:

Project Location _____ Tax Map/Lot # _____
Zoning District _____
Overlay District: Aquifer Wetlands Shorefront Floodplain Steep Slope
Land in Current Use Program? Yes No
Brief Project Description _____

Residential Project: Single Family Two Family Multi (3+) Family Accessory Apartment
 Manufactured Housing/Year of Manufacture _____ Make/Model _____
Additional Bathrooms ___ Additional Bedrooms ___ Additional Square Feet ___
Building Length ___ Ft. Building Width ___ Ft. Building Height ___ Ft.

Residential Addition: Deck Porch Garage Other (specify) _____

Accessory Building or Use: Barn Shed In-ground Pool Other (specify) _____

Commercial: (specify) _____

Industrial: (specify) _____

Renewals and Demolitions: (specify) _____

Change in Use of Property: (specify) _____

Property Information:

Lot size ___ Acres Road Frontage ___ Feet Lake Frontage ___ Feet
 Drilled Well Dug Well Spring Water Lake Water Shared Well

Setbacks - List number of feet the proposed project is from the following:

Front Property Line ___ Ft. Left Property Line ___ Ft. Wetlands ___ Ft.
Rear Property Line ___ Ft. Lake/Pond ___ Ft. Flood Plain ___ Ft.
Right Property Line ___ Ft. Streams ___ Ft. Other Structures ___ Ft.

WARNING: Please be advised that inspections of footings (for projects which require foundations) will be scheduled by appointment. Applicant must contact Zoning Enforcement Officer to schedule inspection. If you continue project upon completion of footings & before footing inspection, you do so at your own risk. If footings are not compliant with zoning setback requirements, a "Stop Work Order" will be issued & the project will be halted until compliance has been attained. Applicant's acknowledgement of this warning is required for completion of this application.

NOTE: If no appointment is made, the Zoning Enforcement Officer will make an inspection approximately six months after issuance of the Certificate of Zoning Compliance.

Acknowledgement by Applicant: _____ Date: _____

MUST OBTAIN THE FOLLOWING BEFORE CERTIFICATE OF ZONING COMPLIANCE ISSUED:

- NH DOT Driveway Permit Approval # _____
- NH DES Alteration of Terrain Permit # _____
- NH DES Comprehensive Shoreland Protection Act Permit Approval # _____
- NH DES Dredge & Fill Permit Approval # _____
- NH DES Septic System Approval # _____ Approved for _____ bedrooms
- NH Licensed Gas Installation: Licensed Gas Installer/Name _____ Lic. # _____
- NH Oil Burner Permit Approval # _____
- NH PUC Energy Code Compliance Approval # _____
- NH State Fire Code Compliance (Inspection & Approval by Sanbornton Fire Department)
- Sanbornton DPW Driveway Approval # _____
- Sanbornton Fire Department Approval # _____
- Sanbornton Health Officer Approval # _____
- Sanbornton Historic District Commission Approval _____
- Sanbornton Planning Board Approval: Site Plan Review Erosion Control Class VI road
- Sanbornton Zoning Board of Adjustment Approval (Submit copy of Variance or Special Exception)
- WRBP Sewer Service Connection: Applying for Already in use Additional hook up

E-911 Section: For E-911 numbering, include footage from both property lines to the center of driveway.
Measurement from both property lines to center of driveway: Right ___ Ft. Left ___ Ft.
Nearest street address or property line _____

Plan Requirements:

- 1) Plot plan must be submitted showing property boundary, all buildings, well, septic system, and driveway. Show any streams, lakes, ponds, or wetlands. (**NOTE:** If property is in Current Use, indicate the area left out or draw a detailed map of what needs to be taken out of Current Use.)
- 2) Floor plans showing room dimensions to the nearest foot.
- 3) Building elevation drawings showing front, right, left and rear with dimensions to the nearest foot.

Renewal: Renewal of this certificate is required to continue any structural work not completed within 2 years. Only one renewal for an additional year is permitted. Another plot plan is not necessary unless changes to the original application are proposed. Certificate of Zoning Compliance # _____

Fees: Check for \$ _____ is attached Check # _____

Send Certificate of Zoning Compliance to: _____

The undersigned Applicant hereby agrees that:

- 1) All information provided is accurate to the best of Applicant's knowledge;
- 2) All proposed work shall be done in accordance with the foregoing statements and shall conform to provisions of the Sanbornton Zoning Ordinance and pertinent Federal, State and local regulations;
- 3) Proposed building corners will be accurately staked out for inspection;
- 4) Appropriate municipal officials may enter upon this property for inspection purposes as required;
- 5) Unauthorized changes shall constitute grounds for revocation of this Certificate.

NOTE: A. This Certificate of Zoning Compliance expires two years from date of issuance.
B. Issuance of this Certificate reflects the Applicant's current compliance with the Sanbornton Zoning Ordinance and all other pertinent Town, State and Federal regulations.

Applicant's Signature

Date

Received by Zoning Enforcement Office

Date

NOTE: Applicant may use this space to show plot plan. Submit floor plans & building elevation drawings separately.

Action of Board of Selectmen:

Date: _____