



ROCKINGHAM COUNTY
BUILDING AND ZONING APPLICATION

Permit #: _____

Property Address _____ Parcel No/Tax PIN _____

OWNER:

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

APPLICANT:

Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Applicant is: _____ Owner *(Sign and Attach Owner's Affidavit)* _____ Builder *(Job Value less than \$40,000)*

_____ Licensed Contractor / License# _____ *(Sign and Attach Lien Agent & Workers Comp)*

TRADES: _____ Plumbing _____ Mechanical _____ Electrical

POWER COMPANY _____

GAS COMPANY _____

TYPE OF PERMIT: _____ SFR _____ Deck _____ Pool
_____ Storage Building _____ Garage _____ Modular
_____ Addition _____ Commercial Project (structure, sign, ABC License, etc.)
_____ Other: _____

BUILDING OR SIGN SIZE: _____ **CONTRACT COST:** _____
(for buildings please list square footage) *(Please also include an itemized list of costs)*

_____ # Bedrooms _____ # Bathrooms _____ # Stories

PROPERTY SERVICED BY: _____ Well _____ Community Well _____ Public Water
_____ Septic _____ Public Sewer

Additional Information Included with Application: *(Please check all documentation provided)*

_____ Site Plan _____ Construction Drawings _____ Workers Comp
_____ Owners Affidavit _____ Lien Agent

DISCLAIMER: By signing below I certify that the information is correct to the best of my knowledge. I understand all work is to conform to the current edition of the International Building Code (IBC). I also understand I am responsible for the location of wells, septic systems, and other underground utilities, and that no structure may be built within the property set backs.

Has work previously started? _____ Yes _____ No

Signature of Applicant: _____ **Date:** _____