

City of Lebanon,
New Hampshire
Property Owner: _____

**Building/Zoning Permit
Support Statement**

Location (street address of project): _____

1. If this is an interior renovation only, If yes, check here _____ and complete #3 through #7.
2. Lot Dimensions:

Lot Frontage on Street (In Feet):	Lot Size (Acres or Square Feet):	Percentage of Lot Area Covered by Buildings:
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Setbacks: Building Distances From Property Lines (Site Plan also required.)

*Front yard setback:	Rear yard setback:	Side yard setback: (right side)	Side yard setback: (left side)
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* Front yard means the portion or portions of the lot that face a street (note: corner lots have two front yards).

3. Site Information: Is this site located in the . (Check as appropriate. If you're not sure, ask.)

Flood Plain District: YES ___ NO ___	Lebanon's Historic District: YES ___ NO ___	NH Protected Shoreland: YES ___ NO ___	Wetlands Conservation District: YES ___ NO ___	Riverbank Protection: YES ___ NO ___
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4. Building Information: Square Footage of Structural Areas

Basement	First Floor	Second Floor	Third Floor	Deck(s)	Shed(s)/Garage(s)	Building Height
Existing: _____	Existing: _____	Existing: _____	Existing: _____	Existing: _____	Existing: _____	Existing: _____
New: _____	New: _____	New: _____	New: _____	New: _____	New: _____	New: _____
Total: _____	Total: _____	Total: _____	Total: _____	Total: _____	Total: _____	Total: _____

5. Property Serviced By (Complete all that apply):

City Water YES ___ NO ___	City Sewer YES ___ NO ___	Private Well YES ___ NO ___	Private On-Site Septic YES ___ NO ___
If a private on-site Septic System is being installed, please provide the State of NH DES Approval for Construction #: _____			

6. Airport Information:

Is the site located in the Airport Protection District? YES ___ NO ___ If YES, provide sketch with latitude/longitude and height of bldg above ground	Will there be radio frequency generation of any kind? YES ___ NO ___ If YES, attach information describing the frequency/ies and any Effective Radiated Power (ERP)
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7. Contractor Information:

GENERAL CONTRACTOR	ELECTRICIAN	PLUMBER / GAS FITTER
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Contact: _____	License: _____	P-License: _____
Phone: _____	Phone: _____	G-License: _____
Fax: _____	Fax: _____	Phone: _____
Email: _____	Email: _____	Fax: _____
Are you an EPA Certified Renovator? Yes ___ No ___ If yes, provide # _____		Email: _____

(For office use only) Permit# _____