



TOWN OF CHESTER



Building Department
 84 Chester Street
 Chester, NH 03036
 Office- 603.887.3636 Cell- 603.370.0175
 www.chesternh.org

MAJOR BUILDING PERMIT

24 Hour Notice Required for Inspections

Permit No.

Street Address of Project	Zoning	Map & Lot
PROPERTY OWNER(S)		
NAME		
ADDRESS		
PHONE	Email Address	
CONTRACTOR		
NAME		
ADDRESS		
PHONE	Email Address	
GENERAL		
Type of Construction	Total Square Footage	
Number of Stories	Size of Electrical Service Entrance	
Occupancy (per NFPA 101)	Bedroom Count	
Flood Exposures: Yes [] No []	NHDES Septic Approval #	
Automatic Sprinklers: Yes [] No []	Plans submitted to FD: Yes [] No []	
TOTAL ESTIMATED COST OF CONSTRUCTION: \$		
PLANNING BOARD		
Subdivision Approval: Yes [] No [] Date	Notice of Decision attached: Yes [] No [] Required	
ZBA		
Notice of Decision attached: Yes [] No []		
WETLANDS		
Any wetland crossings or setbacks: Yes [] No []	Must include copy of NH DES permit	
Is this property subject to the Shoreland Protection Area: Yes [] No []		
APPLICANT		
I acknowledge that I am responsible for conformance to the New Hampshire Building and Fire Codes and to the Chester building code and zoning ordinance. I am aware of the required structural tests and special inspections as outlined in the		

SEE REVERSE

2015 International Building Code, Chapter 17. A foundation certification is required for all new construction. All setbacks from boundary and wetlands shall be shown on the site plan.

Stump burial on-site: stumps cleared from a site and buried on the same land are exempt from State law under Solid Waste Rules, provided the burial site is at least 75' from any drinking water supply.

Work must commence within 180 days, or if work is suspended or abandoned for 180 days, permit becomes void. Unless a written request, showing justifiable cause, for extension is granted prior to expiration. [R105.5]

NH RSA 676:13, III mandates a decision by the Building Inspector (approval or denial) on a residential application, upon receipt of a completed application, within 30 days. Decision on an application for commercial or residential more than 10 dwelling units must be rendered within 60 days.

Name (Print)	Signature	Date
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TOWN OF CHESTER BUILDING DEPARTMENT

Application Received By	Date
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Building Inspector	Date
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Approved [] Denied []

All fields required; incomplete application may delay processing.

Complete Application Packet MUST include:

[] Site Plan – to include all boundary lines, setbacks, existing and/or proposed building(s), septic system, wetlands, well and other pertinent information to show compliance/ non-compliance with Chester Zoning Ordinances.

[] Construction Plans – two sets, scalable (min. 18" x 24") {stamped by a NH licensed design professional if not meeting the prescriptive requirements of the International Residential Code}

[] EC-1 or Rescheck

[] Septic Install application with copy of installer's certificate

[] Driveway Permit application– with copy of State permit (if applicable)

[] Roof Ventilation Calculation Sheet

[] Deck Design Sheet (if applicable)

[] Occupancy Permit application

Other Required Permits:

- Electrical
- Plumbing
- Mechanical

Permits that MAY be required (not an inclusive list):

Sign, home occupation, swimming pool, sprinkler system, woodstove, standby generator, gas, oil burner, masonry



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DRIVEWAY PERMIT

Date

24 Hour Notice Required for Inspections

LOCATION

Address

MAP

LOT

Town road

State road (Must include copy of state permit)

PROPERTY OWNER(S)

Name

Address

Phone

Email

CONTRACTOR

Name

Address

Phone

Email

Required Documents:

- Site plan- to scale, to include all boundary lines, setbacks, proposed driveway, septic system, wetlands, well and other pertinent information to show compliance/ non-compliance with Chester Zoning Ordinances.
- Driveway profile
- Layout showing sight distances- min. 200'*

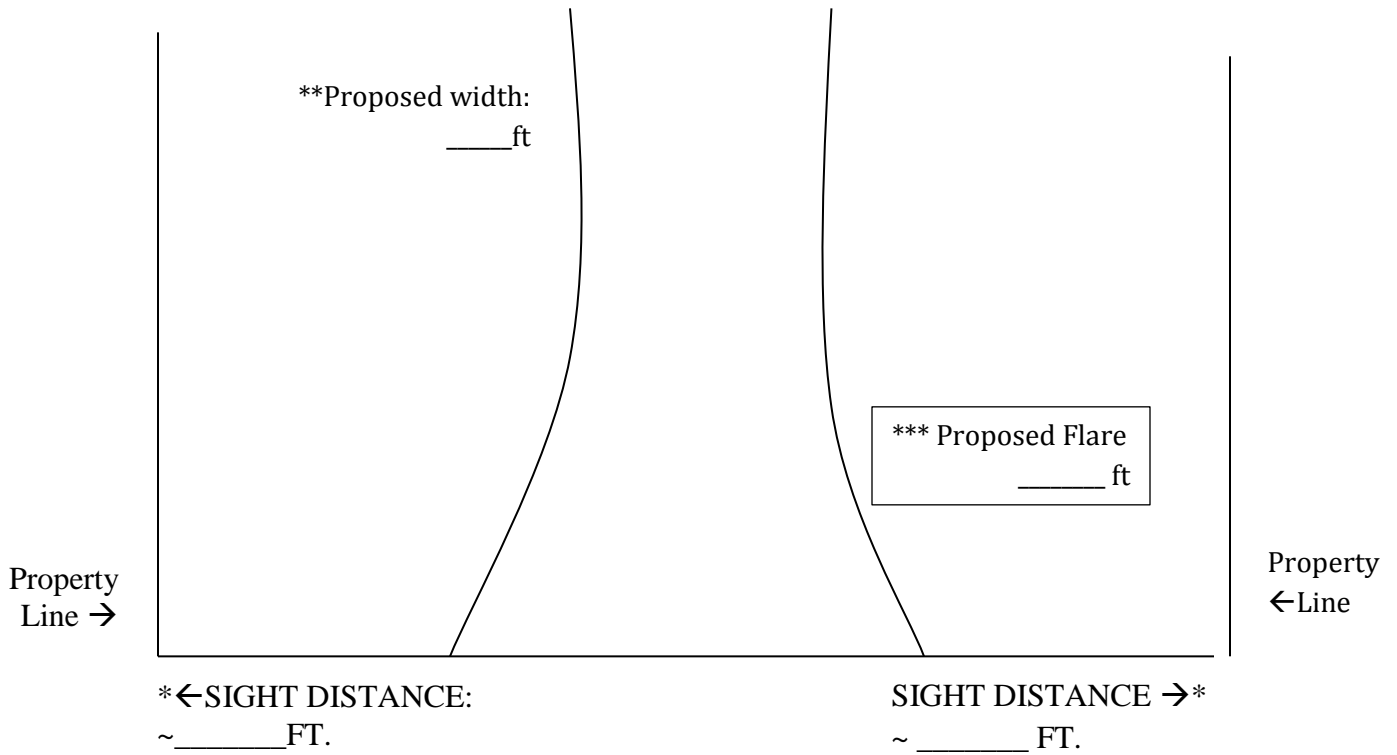
Conditions:

- Driveway must be graded and have proper drainage to prevent runoff from entering a town right-of-way.
- Culverts must be a minimum of twelve (12) inch ABS and must be at least six (6) feet from the edge of road.
- All culverts must have headwalls built on each end.
- Minimum one (1) foot cover over culvert.
- Sight distance ten (10) feet back from the edge of the roadway and five (5) feet high, should be 200 feet.
- Driveway width shall be twelve (12) feet.**
- Driveway may flare to twenty-two (22) feet at roadway.***
- Base must be at least six (6) inches of bank run gravel. Recommend ten (10) inches.
- Surface must be at least four (4) inches of processed gravel. Recommend six (6) inches
- No driveway may have a slope of greater than 10% [Slopes greater than 8% must be certified]

Proposed Driveway Sketch

(Applicant to Complete)

Fill in all blank spaces on the drawing. **Dimensions shown must total actual street frontage of property.**



REQUIRED INSPECTIONS		
ITEM	Date	Initials
Driveway Staked or Flagged		
Driveway roughed (base & sub-base)		
Final		
SIGNATURE		
Any Damage to Town or State road due to improper construction is the responsibility of the owner. Conditions of driveway permit must be met prior to issuance of Certificate of Occupancy. Per the Board of Selectmen fee schedule, a minimum fine of \$100 plus \$50 per day may be imposed for work started without a permit.		
Pursuant to NH RSA 236:13 and Town of Chester Driveway Regulations as adopted, I apply for permission to construct and/or alter a driveway entrance as described herein. I hereby agree to abide by the conditions listed above.		
Applicant	Date	
**OFFICE USE ONLY **		
Received By	Date	
Road Agent	Date	
Building Inspector	Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

PERMIT No. _____	Amount _____ Check _____
	Date _____ Rec By _____



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RESIDENTIAL OCCUPANCY APPLICATION

Before any structure located in Chester may be occupied a Certificate of Occupancy must be issued. This form must be completed and filed with the *Building Inspector*. Please allow thirty (30) days for processing.

Today's Date

24 Hour Notice for Inspections

Street Address of Project		Zoning	MAP	LOT
BUILDING OWNER(S)				
Name				
Address				
City/State/Zip				
Contact Person				
Phone		Email		
HOUSE DESCRIPTION				
No. of Floors	Garage: No. of stalls		Attached [] Detached []	
No. of Bedrooms		Septic Size(# of Bedrooms)		
Basement Finished [] Unfinished []				
SIGNATURE				
Applicant		Date	Phone	
OFFICE USE ONLY				
Application Received By			Date	
Building Inspector			Date	
Granted [] Denied [] (If denied, a statement giving reason(s) must be attached)				



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Permit: Install, Repair or Replace – Septic Tank and/or Absorption Field

PERMIT

Address of Installation		Map & Lot
[] New System [] Repair of System [] Replacement		
OWNER INFORMATION		
Name		
Address		
Phone	Email	
INSTALLER INFORMATION		
Name	[] Copy of Installer's Permit (required)	
Address		
Phone	Email	
GENERAL INFORMATION		
Dig Safe Ticket Number	State Approval Number	
Size of tank(s)	Size of leach field	
Date of test pit	Distance to seasonal high water table	
THE FOLLOWING INSPECTION AND SUBMITTAL ARE REQUIRED PRIOR TO OPERATION		
Basal area [] Pass [] Fail {Completed by Building Inspector}		
Approval for Operation {Issued by NHDES} Received []		
<i>It is the responsibility of the owner and/or installer to notify the appropriate Inspector when ready for each inspection.</i>		
SIGNATURES		
Applicant	Date	
OFFICE USE ONLY		
Application Received By	Date	
Building Inspector	Date	
[] Approved [] Denied		

PERMIT No. _____	Amount _____ Check _____ Date _____ Rec By _____
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New Hampshire Residential Energy Code Application
for Certification of Compliance for New Construction, Additions and/or Renovations of
Detached One- and Two-family dwellings and multi-family dwellings (townhouses) not over 3 stories
EC-1 Form

Minimum Provisions from 2015 IRC Chapter 11

Effective Date: September 15, 2019

Owner/Owner Builder: Company Name: (if applicable)			General Contractor: Company Name:		
Name:			Name:		
Mail Address:			Mail Address:		
Town/City:	State:	Zip:	Town/City:	State:	Zip:
Phone:	Cell:		Phone:	Cell:	
E-Mail:			E-Mail:		
Location of Proposed Structure:			Type of Construction:		
Tax Map #:		Lot #:	<input type="radio"/> Residential <input type="radio"/> Small Commercial <input type="radio"/> New Building <input type="radio"/> Renovation <input type="radio"/> Addition <input type="radio"/> Thermally Isolated Sunroom <input type="radio"/> Modular Home: the site contractor must submit this form detailing supplementary rooms and Floor and/or Basement insulation unless the floor insulation is installed or provided by the manufacturer and no heated space is added.		
Street:			Total New Conditioned* Floor Area: <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> ft ²		
Town/City:	County:				
Zone 5 <input type="radio"/> Cheshire, Hillsborough, Rockingham Strafford Zone 6 <input type="radio"/> All other NH counties and town of Durham			Basement or Crawl Space type: (*a conditioned space is one being heated/cooled, containing uninsulated ducts or w/ a fixed opening into conditioned space. Walls must be insulated) Conditioned? <input type="radio"/> Yes (Walls must be insulated) <input type="radio"/> No <input type="checkbox"/> Full Basement <input type="checkbox"/> Walk Out Basement <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Other _____		
Structure is EXEMPT because: <input type="checkbox"/> Mobile Home <input type="checkbox"/> On an historic register					
Form Submitted by: <input type="checkbox"/> Owner <input type="checkbox"/> Builder <input type="checkbox"/> Other _____					

I hereby certify that all the information contained in this application is true and correct, and construction shall comply in all respects with the terms and specifications of the approval given by the local municipal code official or New Hampshire Public Utilities Commission.

Signature _____ **Print Name** _____ **Date** _____

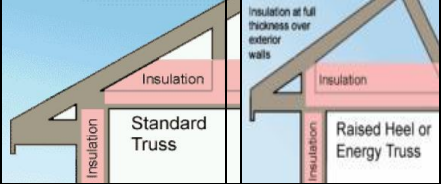
Official Use Only	
Date Complete Application Received:	Approved by: _____ Date: _____
Approval Number:	Stamp:

New Hampshire Energy Code EC-1

Certification No.:

Directions: Complete the "Your Proposed Structure" columns. No measurements or calculations are needed. Copies of plans are NOT needed. If you at least meet the Energy Code requirements, your project will be approved. Write N/A in any section that does not apply to your project. If your planned structure does meet these requirements, consider downloading REScheck <http://www.energycodes.gov/rescheck> to explore energy modelling options. **Please submit pages 1 and 2 only.**

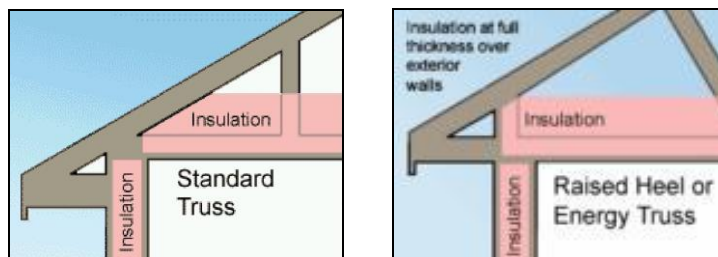
YOUR PROPOSED STRUCTURE

Building Section	Required R or U Values	YOUR PROPOSED STRUCTURE	
		Write Planned R and U Values	Brands / Models / insulation type and thickness (if known)
Window U Factor (lower U is better)	U .32 (maximum) U-.32 (if log walls in Zone 5) U-.30 (if log walls in Zone 6) U .50 (Thermally Isolated Sunrooms only)	Write in U-Value	Check if <input type="checkbox"/> Sunroom <input type="checkbox"/> Log Walls
Skylights	U .55 (or less)		
Flat Ceilingⁱ <i>or</i> Flat Ceiling with Raised or Energy Trusses R-value	 R-49 (Zone 5 or 6) if using the above construction technique R-49 if log walls R-38 (Zone 5 or 6) if maintaining the full R value over the plates R-49 if log walls	Write in R-Value → If using only R-38 in Zone 5 or 6 you must check this box	NOTE: R-38 will satisfy the requirement for R-49 if the full R-38 insulation value is maintained over the outside plates. If using only R-38 (Zone 5 or 6), you must certify that you will maintain R-38 over the plates by checking the box below. <input type="checkbox"/> By checking this box, I certify that this structure is being built with a raised energy truss or that the full R-value of the ceiling insulation will be maintained over the outside plates.
Sloped or Cathedral Ceiling	R-30 (Zone 5 & 6) if less than 500 ft sq or 20% of total ceiling area or as above R-24 (Thermally Isolated Sunrooms only)	Write in R-Value	Check if <input type="checkbox"/> Sunroom
Above Grade Wallⁱⁱ R-value	R-20 Cavity Insulation only <i>or</i> R-13 plus R-5 Cavity <i>plus</i> Continuous Insulation R-13 (Thermally Isolated Sunrooms only)	Write in R-Value	Log homes must comply with ICC400-2012, have an average minimum wall thickness of 5" or greater with specific gravity of ≤0.5 or 7" with specific gravity >0.5. Check if <input type="checkbox"/> Sunroom <input type="checkbox"/> Log Walls
Door U-Value	U .32 (maximum)	Write in U-Value	One opaque door in the thermal envelope is exempt from the U-factor requirement.
Floor R Value (Basement ceiling)	R-30 <i>or</i> Insulation sufficient to fill joist cavity	Write in R-Value	If conditioning the basement you must insulate Basement Walls . If not, you may insulate either Floor or Basement Walls and/or Slab Edge
Basement or Crawl Space Wall R Value	For <i>both</i> Zone 5 and Zone 6 R-19 Cavity Insulation or R-15 Continuous Insulation	Write in R-Value	
Slab Edgeⁱⁱⁱ R Value	R-10 2' (Zone 5) 4' (Zone 6) (see drawing pg 3) <i>add R-5</i> if the Slab is heated or R-15 under entire heated slab if a log home.	Write in R-Value	Check if <input type="checkbox"/> Heated Slab
Air Sealing	A blower door test is required . The test must demonstrate an air exchange rate of <i>seven</i> Air Changes per Hour (ACH) or less @ 50 Pa.		If required by the code official, an approved third party may be required to conduct the blower door test.

Submit pages 1 and 2 to local municipal code official or NH Public Utilities Commission at energycodes@puc.nh.gov
Phone: 603.271.2431. Fax: 603.271.3878.

Footnotes to Residential Energy Code Application for Certification of Compliance

ⁱ Ceilings with attic spaces: R-38 in Zone 5 or 6 will be deemed to satisfy the requirement for R-49 wherever the full height of uncompressed R-38 insulation extends over the wall top plate at the eaves or the full R-value is maintained. This is often accomplished by using a raised heel or energy truss as shown in the diagram below or by using higher R-value insulation over the plates.

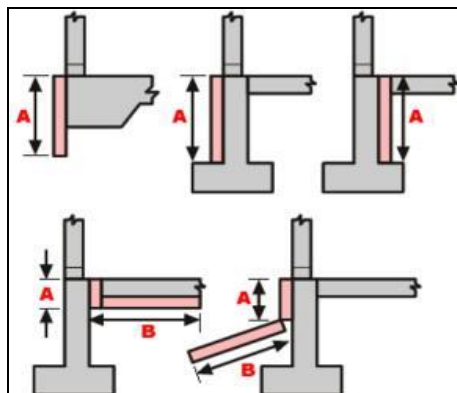


ⁱⁱ R-13 + R-5 means R-13 cavity insulation plus R-5 continuous insulated sheathing. If structural sheathing covers 25 percent or less of the exterior, R-5 sheathing is not required where the structural sheathing is placed. If structural sheathing covers more than 25 percent of exterior, the structural sheathing must be supplemented with insulated sheathing of at least R-2.

ⁱⁱⁱ Slab edge insulation must start at the top of the slab edge and extend a total of two (Zone 5) or four feet (Zone 6). Insulation may go straight down, out at an angle away from the building, or along the slab edge and then under the slab. A slab is a concrete floor within 1' of grade level. See diagram below.

The top edge of insulation installed between the exterior wall and the interior slab may be mitered at a 45 degree angle away from the exterior wall.

Allowable Slab Insulation Configurations



A or A+ B must equal two feet in Zone 5 or four feet in Zone 6

MODULAR HOMES must be certified by the NH Department of Safety. Unless the floor insulation is provided by the manufacturer this form may be submitted. This form may also be submitted if the basement is to be insulated or supplementary heated space is added to the home upon or after it is set.

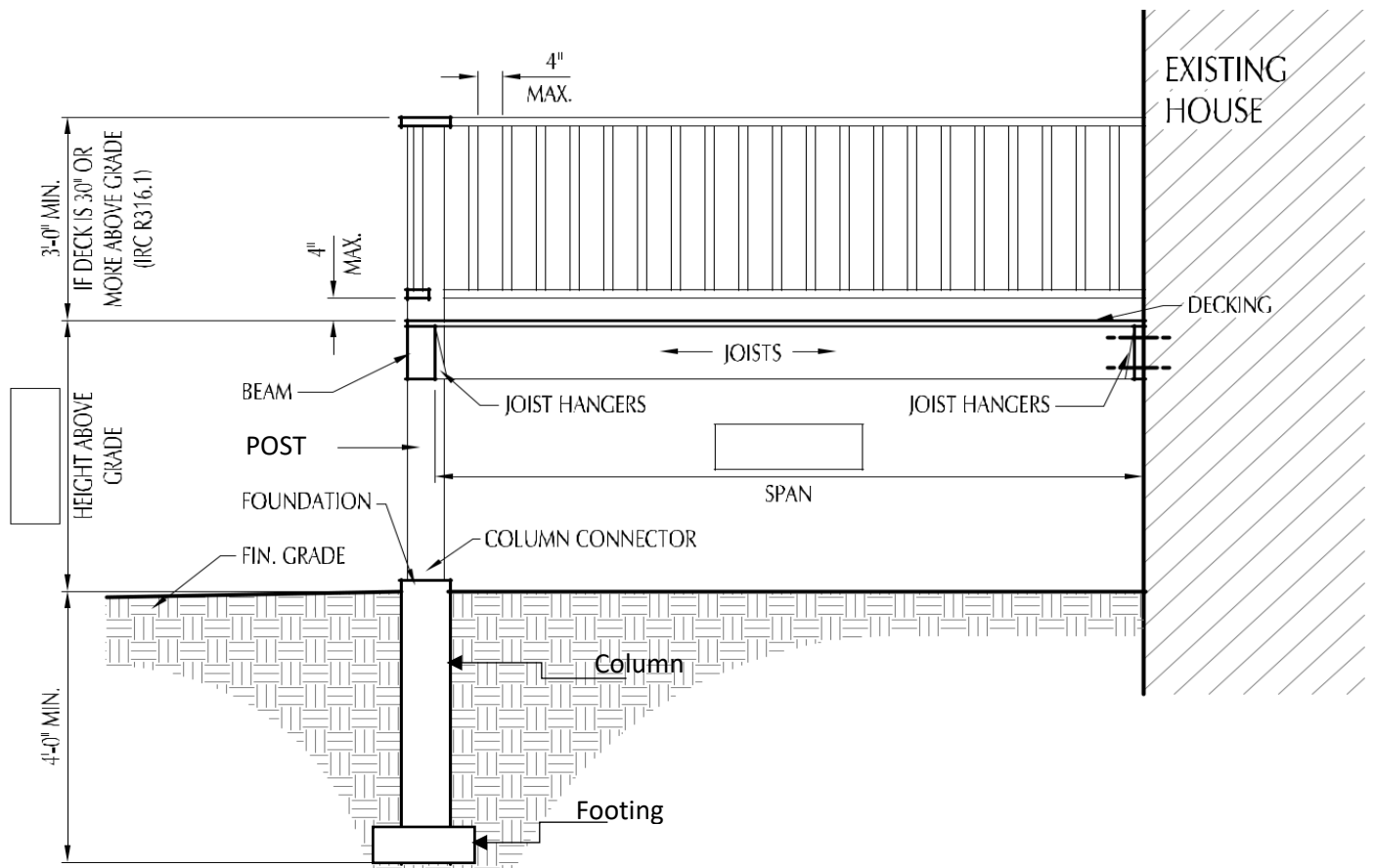
Deck Details

For A One or Two Family Residential Structure

Applicant	Phone	Email
Address	Note: Any Truss or Engineered materials must include load calculation printout.	Must be designed to 60 psf live load.

Size of Deck: STYLE: [] With Overhang [] Without Overhang

Footing Material: Size:	Column Material: Size: Spacing:	Beam Material: Size:	Joists Material: Size: Spacing:
Decking: Material: Size: Joist Spacing Requirement:	Ledger Connectors Material: Size: Spacing:	Overhang Dimension:	Joist Hanger Part #
Lateral Load Device Part #	Foundation/Column Connector Part #	Post/beam Connector Part #	



Other Requirements*

ITEM	Code Reference	Requirement
Stair Riser	R311.7.5.1	Not > 7 ¾"
Stair Tread	R311.7.5.2	Not < 10"
Stair Width	R311.7.1	Not < 36"
Guard Height	R311.7.8.1	34-38" above stair nosing
Handrail Detail	R311.7.8	One side, ends returned

*This list is not to be considered complete as not all specific requirements are listed here.

ROOF VENTILATION CALCULATION (R806) 2015 International Residential Code ®

For A One or Two Family Residential Structure

Applicant	Phone	Email
Project Address		

MATERIALS (manufacturer and part number)

Soffit:	Ridge:
Sq In of Vent provided: _____ per _____	Sq In of Vent provided: _____ per _____

Area of Main Attic: _____ x _____ = _____ square feet

Minimum net free venting are to be 1/150 of above sum _____ square feet x 144= _____ sq in (A)
 (can be 1/300 if min 40% - max 50% of vent is provided in upper 3' of roof)

Lineal feet of Ridge: _____ Lineal feet of Soffit: _____

(B) Soffit vent provided _____ (C) Ridge vent provided _____ (D) Total _____ (B+C=D)
 [D must be greater than A]

Area of Other Attic: _____ x _____ = _____ square feet

Minimum net free venting are to be 1/150 of above sum _____ square feet x 144= _____ sq in (A)
 (can be 1/300 if min 40% - max 50% of vent is provided in upper 3' of roof)

Lineal feet of Ridge: _____ Lineal feet of Soffit: _____

(B) Soffit vent provided _____ (C) Ridge vent provided _____ (D) Total _____ (B+C=D)
 [D must be greater than A]

Area of Other Attic: _____ x _____ = _____ square feet

Minimum net free venting are to be 1/150 of above sum _____ square feet x 144= _____ sq in (A)
 (can be 1/300 if min 40% - max 50% of vent is provided in upper 3' of roof)

Lineal feet of Ridge: _____

(B) Soffit vent provided _____ (C) Ridge vent provided _____ (D) Total _____ (B+C=D)
 [D must be greater than A]