

ZONING (BUILDING) PERMIT
TOWN OF MONROE
PO BOX 63
MONROE, N.H. 03771
603-638-2644

MONROESELECTMEN@ROADRUNNER.COM

DATE _____ NUMBER _____

NAMES OF ALL OWNERS _____

OWNERS MAILING ADDRESS _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

BUILDING STREET ADDRESS _____

PROPERTY MAP# _____ LOT# _____

IS PROPERTY IN CURRENT USE? _____

IS PROPERTY IN FLOOD PLAIN? _____

IS PROPERTY ACCESSIBLE BY A PRIVATE, CLASS IV ROAD OR BETTER? _____

EXISTING USE AND OCCUPANCY _____

LOT SIZE _____ FRONTAGE ON PUBLIC ROAD _____

PROPOSED USE AND OCCUPANCY _____

TYPE OF BUILDING: RESIDENTIAL _____ NON-RESIDENTIAL _____

(NOTE: ALL NON-RESIDENTIAL BUILDING PERMITS ARE REQUIRED TO GO THROUGH SITE PLAN REVIEW BY THE PLANNING BOARD. NON-RESIDENTIAL INCLUDES RENTAL AND COMMERCIAL USES. EFFECTIVE 10/1/2019)

BUILDING LENGTH _____ WIDTH _____ NO. OF STORIES _____ HEIGHT _____

NUMBER OF BEDROOMS _____ FOUNDATION TYPE _____

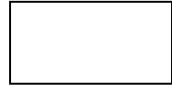
SEPTIC APPROVAL NUMBER _____ TYPE OF SEPTIC SYSTEM _____

WATER SOURCE _____

SETBACKS

ROAD RIGHT OF WAY _____ REAR _____ SIDE _____ SIDE _____

(CURRENT ZONING REQUIRES MINIMUM SETBACKS TO BE 50 FEET FROM THE R.O.W AND 30 FEET FROM ALL OTHER SIDES. THE EDGE OF THE R.O.W IS DETERMINED BY MEASURING FROM THE CENTER OF THE ROAD OUT HALF THE DISTANCE OF THE R.O.W. UNLESS SURVEYED OTHERWISE)



MODULAR
HOME

DUPLEX

SINGLE FAMILY

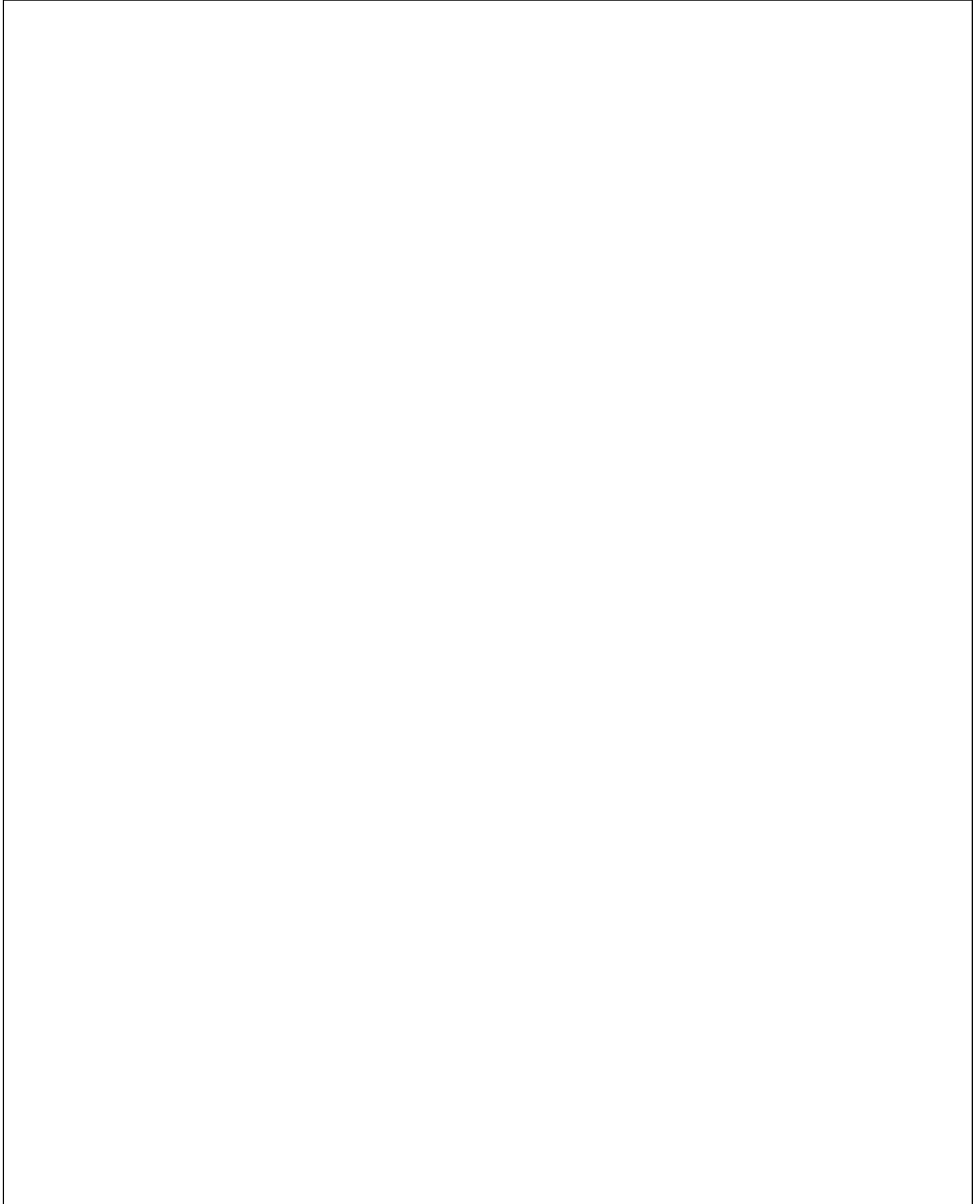
MULTI FAMILY

COMMERCIAL

OTHER

**DESCRIPTION OF WORK: SKETCH TO SHOW BUILDING(S) FOOTPRINT, DRIVEWAYS, UTILITIES,
PROPERTY LINES AND SETBACKS FOR PROPOSED PROJECT**

PLEASE DRAW OR ATTACH A SKETCH OF THE FLOOR PLANS



Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

(Must be signed by all owners of the property as stated on the Registered Deed)

BOARD OF SELECTMEN DETERMINATION

Approved _____ Denied _____ Date _____

Reason for Denial _____

Referred to Planning Board _____ Date _____

Referred to Board of Adjustment _____ Date _____

Date of Inspection _____ Fee Paid _____

Please return to the Selectmen's Office _____

Board of Selectmen of Monroe

Planning Board: Approved _____ Denied _____ Date _____

Reason for Denial _____

Board of Adjustment: Approved _____ Denied _____ Date _____