



**Town of Wilton**  
 42 Main Street, Wilton, NH 03086  
 (603) 654-3960

Permit # 070722-1

## Application for Residential Building Permit

APPLICATION DATE: \_\_\_\_\_ PERMIT ISSUED: \_\_\_\_\_  Posted

Building Address: 27 ISLAND STREET Map: J Lot: 118

District: (circle one) RES RES/AG Other \_\_\_\_\_

### Owner/Contractor(s) Information

	Name	Address	Phone	Email
Property Owner	<u>Side By Side Ent BILL GAGAN</u>	<u>31 Hampshire Hills Dr. Bow, NH 03304</u>	<u>603-731 7030</u>	<u>bill.gagan@ homevestors.com</u>
G.C./ Arch./Designer	<u>KEVIN KEANE</u>	<u>Amherst, NH</u>	<u>603-400 3888</u>	<u>KKEANE3888@ GMAIL.COM</u>
Plumber/Gas Fitter	<u>TBD</u>			
Electrician	<u>TBD</u>			
Mechanical				

Signature of Owner/Agent\* Bill Gagan Date: 6-23-22

\*Owner/agent: your signature above gives permission for the building inspector and the town assessor or their agents to visit this property for the purposes of inspection and review.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> New Single Family                | <input type="checkbox"/> Garage (Att'd or Det'd) | <input type="checkbox"/> Pool              |
| <input type="checkbox"/> New Two Family                   | <input type="checkbox"/> Porch                   | <input type="checkbox"/> Wood/Pellet Stove |
| <input checked="" type="checkbox"/> Alteration/Renovation | <input type="checkbox"/> Shed                    | <input type="checkbox"/> Solar PV _____ kW |
| <input type="checkbox"/> Addition _____ ft <sup>2</sup>   | <input type="checkbox"/> Deck                    | Roof _____ Ground _____                    |
|   | <input type="checkbox"/> Other _____             | <input type="checkbox"/> Other _____       |

Description of Scope of Work: Complete re-hab -> New Roof, Siding, windows, doors, foundation masonry, electrical, plumbing, kitchen, bathrooms, overall structural reinforcement

Project Value \$ 140,000

### Construction Documents Required Include:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Site Plan</li> <li>• Floor Plans All Levels</li> <li>• 4 Elevation Views</li> <li>• 2 Sectional Views</li> <li>• Building Details</li> <li>• Framing Plan, Include Trusses</li> </ul> | <ul style="list-style-type: none"> <li>• Electrical Plan</li> <li>• Plumbing Plan</li> <li>• HVAC/Mechanical Plan &amp; Source</li> <li>• Well Or Town Water Permit</li> <li>• Septic design/Sewer Permit</li> <li>• Other reports required by Building Inspector</li> </ul> |
|--|--|

**CONTINUE ON REVERSE →**

**Land Use Compliance:**

Is the property in an Aquifer Protection Zone?  Yes  No

Is the proposed worked within 250 feet of Souhegan River or Stoney Brook?  Yes  No

This project complies with Wilton Land Use Regulations Lot Size, Frontage, All Backs, etc.

Any conditions to be noted on the Building Permit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Land Use Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Building Permit Fee:**

New Construction or Addition:

Total Square Feet \_\_\_\_\_

Permit Fee: \_\_\_\_\_ (\$100 min)

Alteration Fee: 407.55 (\$50 min)

Deck \$30  Pool \$50  PV Array \$100

Renewal: \$50  Other \_\_\_\_\_

Town Water hook-up fee \$1,200 \_\_\_\_\_

Town Sewer hook-up fee \$1,200 \_\_\_\_\_

**Total Permit Fee: \$** 407.55

**Other Fees:**

\$5,409 Impact Fee: New Residential Dwelling

\$3,798 Impact Fee: "Other" Dwelling

Other Fee: \_\_\_\_\_

Certificate of Occupancy is subject to receipt of Impact Fee and other applicable fees (noted above) as required by the Town Ordinance and the NH State Statute.

**Fee due with Permit Application: \$** \_\_\_\_\_

**Total Fee(s) due for C.O. \$** \_\_\_\_\_

Invoice # \_\_\_\_\_ Date: \_\_\_\_\_

**It is the PERMIT HOLDER'S RESPONSIBILITY to contact the building inspector for inspections. It is UNLAWFUL to progress to the next phase of construction without an approved inspection for prior inspected work.**

**Application Received:**

[Signature]  
Building Inspector

6/27/2022  
Date

\*\*\*\*\*

**Application Approved: (Permit not valid unless approved by Building Inspector)**

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
Date

PERMIT INVALID WITHOUT TWO SIGNATURES  
CALL FOR INSPECTIONS: Work 603-654-3960 Cell: 603-801-1640

**EXPIRATION DATE 180 DAYS FROM DATE ISSUED**