

TOWN OF SPRINGFIELD
2750 MAIN STREET-PO BOX 22
SPRINGFIELD, NH 03284-0022
PHONE (603) 763-4805
FAX (603) 763-3336

APPLICATION FOR ZONING PERMIT

Name of Owner(s) _____ Date _____

Mailing Address: _____

E-Mail (optional) _____ Phone No. _____

Fee Due \$ _____ for _____

NOTE: Effective 7/1/2019 the fee for a Zoning Permit when construction is started BEFORE receiving a Zoning Permit (“After the Fact”) IS DOUBLE the normal fee as per the Town's current fee schedule.

RENEWAL of issued PERMIT: (no change to site plan or dimensions) \$25 _____

Location of Property (House number and physical location)* _____

*Lot number or street number MUST be displayed at roadside for accurate property identification at the time of inspection. Adequate identification of the building site is required or a delay in processing could result.

Map No. _____ Lot No. _____ Lot size (# of acres) _____

Does the property have a Current Use Assessment? Yes _____ No _____

RESIDENCE: Year round: _____ Seasonal: _____

BUSINESS ON THE PROPERTY.

Is the Property used for any activity that may be considered a Home Business? Yes _____ No _____

Is the Property used to conduct activity that is Commercial or Industrial? Yes _____ No _____

Note: A Home Business is described in Section 5.20 (page 20) of the Zoning Ordinance. A Home Business is different from a Home Occupation (Section 5.10 on page 19), which is allowed as a matter of right. The operation of a Home Business requires an Approved Site Plan from the Springfield Planning Board. Other uses “including business, commercial, industrial may be permitted by the Board of Adjustment.” (Zoning Ordinance Section 3.12 on page 4) Accordingly, an Approved Site Plan from the Planning Board and a Special Exception from the Zoning Board of Adjustment may be required if business, commercial or industrial activity is taking place on the Property.

PROPOSED CONSTRUCTION:

Please describe the planned construction:

Building dimensions: Length _____ Width _____ Height _____

If Manufactured /Mobile Home: Make: _____ Year: _____

Cost of Structure/Construction after completion: \$ _____

SEPTIC REGULATIONS APPLY TO ALL NEW AND EXISTING STRUCTURES. STATE SEPTIC APPROVAL IS REQUIRED FOR ALL RESIDENTIAL CONSTRUCTION. NH DEPT OF ENVIRONMENTAL SERVICES SUBSURFACE SYSTEMS REGULATIONS CAN BE FOUND AT: www.nh.gov/organization/divisions/water/ssb/index.htm

State Septic Approval # (if applicable) _____

Date of Approval _____ No. of Bedrooms _____

Type of Water System _____

Well and/or septic system (if applicable):

Distance in feet from any boundary of the lot on which it is located: _____

If a septic system, distance in feet to any surface water/wetlands _____

Type of Heating System _____

THE SETBACK REQUIREMENTS FOR A STRUCTURE IS 35 FT FROM ALL LOT LINES.

Distance in feet from any public or private highway, street or road right-of-way: _____

Distance in feet from all lot boundaries: side: _____ side: _____ rear: _____

Distance in feet from any surface water/wetlands: _____

PLEASE PROVIDE A DRAWING (plan view to scale) OF THE SITE WITH PROPOSED BUILDING, ADDITION OR OTHER STRUCTURES, EASEMENTS AND RIGHTS OF WAY. INCLUDE ALL DIMENSIONS AND LOCATION ON THE PROPERTY.

THE BUILDING LOCATION MUST BE ADEQUATELY STAKED ON THE GROUND. PLEASE BE SURE TO STAKE EACH CORNER FOR PROPER IDENTIFICATION.

SKETCH BELOW

(attach separate sheet, if necessary)

ATTACH A SET OF PLANS SHOWING THE BUILDING/ADDITION STATING SPECIFICALLY THE NUMBER OF BEDROOMS.

New Hampshire Wetland Approval # (if applicable) _____

Driveway Approval Attached (for new construction) _____

Class VI or Private Road Notice of Limits Attached (if applicable) _____

Failure to provide any of the requested information may result in the delay of issuing the permit.

PRIOR TO SIGNING PLEASE CAREFULLY READ THE FOLLOWING:

In signing this Zoning Permit Application, the owner(s) of the property agrees that the proposed construction, erection or alteration will conform with the Zoning Ordinance adopted by the Town of Springfield on August 5, 1987 as amended, and with all the other requirements by law of the Town of Springfield. Note that while the Town of Springfield does not employ a Building Inspector, the construction must comply with the building codes of the State of New Hampshire. Contact a knowledgeable architect or contractor for information.

The applicant(s) certifies that all information provided in this application is true and complete and authorizes inspection of the property by Town Officials.

The applicant(s) is aware that the construction of driveways entering onto a town road or other work within the right-of-way of a town road, requires additional approval by the Town BEFORE commencing such work.

The applicant(s) certifies that the use of the Property is not a Home Business operating without an Approved Site Plan; and/or the use of the Property is not a business, commercial or industrial activity operating without an Approved Site Plan and a Special Exception allowing for such use.

The Town of Springfield Zoning Ordinance, as amended, is available on the Town's website: www.springfieldnh.org

The Town employs a Zoning Coordinator to assist (i) in the process of completing proper applications and (ii) in determining whether there may be a requirement to consult with or appear before either the town Planning Board and/or the Zoning Board of Adjustment.

Between May 15 and June 1 no concrete trucks, heavy equipment or transport of mobile homes are allowed on Class V or Class VI roads.

The Selectmen upon receiving any credible information regarding a violation of the Zoning Ordinance are authorized to enforce the provisions of the Ordinance by taking any appropriate legal action. Zoning Ordinance Article X, Section C.

Property Owner/Date

Property Owner/Date

- If an Agent has been retained to represent you, please check the box and attach the Owner-Agent contract/agreement.

**ACTION ON ZONING PERMIT APPLICATION
(RECEIPT OF THIS APPROVED APPLICATION CONSTITUTES PERMISSION TO BUILD)**

Approved _____ Denied _____ Date _____

Reason for denial (if applicable) _____

Referred to the Planning Board and/or Zoning Board of Adjustment due to: _____

ZONING COORDINATOR

Date: _____

SELECTMEN

Date: _____

**PERMITS VALID FOR ONE YEAR FROM DATE OF ISSUE
THIS APPLICATION/APPROVAL IS NOT TRANSFERRABLE**

Notes: