



**HAMPTON**  
*It's our nature!*

# Town Of Hampton Building Permit Application Form

Building Permit #: _____	Approval Date: _____	Fee: _____
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**Contact Information:**

Applicant: _____	Owner: _____
Mail. Address _____	Mail. Address _____
Postal Code _____	Postal Code _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Fax Number _____	Fax Number _____
E-mail Address _____	E-mail Address _____

**Contractors Information**

Name	Address	Phone #
General Contactor: _____	_____	_____
Plumbing Contractor: _____	_____	_____
Electrical Contractor: _____	_____	_____

**Location of Proposed Development:**

Property Location: \_\_\_\_\_ Property Identification # (PID): \_\_\_\_\_

**Proposal Description:**

\_\_\_\_\_

Attach additional sheets if required.

Starting Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

**Plans / Attachments:**

**Plans/ Drawings:**

- Grading Plan
- Site/Plot Plan
- Foundation Plan
- Building Area (all floors)
- Building Elevation
- Cross Section

**Additional Submissions:**

- Fire Marshal
- Engineering Report(s)
- Department of Health
- Department of Environment
- Other (specify)

**Small Construction:**

Pool: (  Above;  Below Ground)  Deck  Shed  Garage  Other  
 Grading Plan  Site/Plot Plan  Foundation Plan  Building Area  Building Elevations  
Fences: Type: \_\_\_\_\_ Height: \_\_\_\_\_ Offset from Property Line(s) \_\_\_\_\_  
Gate Location(s) \_\_\_\_\_

**Legal Declaration:**

That I/we are aware of the requirements of the Town of Hampton Building By-law and amendments thereto, and my/our responsibilities thereunder, and I/we agree to use the above structure for the purpose stated only. I/We are aware the construction methods used must safeguard public and private property and must be carried out in strict compliance with the National Building Code and the New Brunswick Occupational Health and Safety Act and regulations. I/We agree to permit and facilitate observation of the work covered under this permit by the building inspector and public authorities at all times.

Applicant's Signature: \_\_\_\_\_ Owners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Planning Approval:**

**Development Permit:** Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

**Sewage System Connection:** Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Notes: \_\_\_\_\_

Development Officer's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Building Inspector's Signature \_\_\_\_\_ Date: \_\_\_\_\_