

**TOWN OF LOUDON  
OFFICE OF THE BUILDING INSPECTOR  
P.O. BOX 7032 ~ 8 COOPER STREET  
LOUDON, NH 03307**

**INFORMATION FOR RESIDENTIAL BUILDING PERMIT APPLICANTS**

- 1) THE BUILDING PERMIT YOU ARE BEING ISSUED IS VALID FOR A PERIOD OF ONE YEAR UNLESS THE FOUNDATION AND SEPTIC SYSTEM ARE COMPLETED. FRAMING AND EXTERIOR FINISH MUST BE COMPLETED WITHIN TWO YEARS FROM DATE OF ISSUE.
- 2) ALL ELECTRICAL, PLUMBING, GAS, OIL BURNER PERMITS MUST BE PULLED BY THE CONTRACTOR. A COPY OF THEIR STATE ELECTRICAL, PLUMBING, OR GAS FITTER LICENSE IS REQUIRED.
- 3) CONSTRUCTION INSPECTIONS ARE REQUIRED AND ARE BASED ON THE ATTACHED CONSTRUCTION INSPECTION TABLE. APPOINTMENTS FOR INSPECTIONS SHOULD BE MADE A MINIMUM OF TWO BUSINESS DAYS BEFORE NEEDED.
- 4) UPON SATISFACTORY COMPLETION OF ALL INSPECTIONS, A CERTIFICATE OF OCCUPANCY WILL BE ISSUED BY THE BUILDING INSPECTOR TO THE PERMIT APPLICANT.
- 5) THE BUILDING PERMIT APPLICATION MUST BE COMPLETELY FILLED IN PER SECTION 801.3 OF THE LOUDON ZONING ORDINANCE BEFORE ISSUANCE OF PERMIT. SECTION 801.3: NO APPLICATION FOR A BUILDING PERMIT SHALL BE ACCEPTED OR APPROVED UNLESS IT IS (1) FILED IN WRITING ON THE FORM PRESCRIBED BY THE SELECTMEN, (2) ACCOMPANIED BY THE REQUIRED PERMIT FEE, AND (3) ACCOMPANIED BY A DRAWING, IN DUPLICATE, SHOWING THE LOT PLAN, THE LOCATION OF THE BUILDING OR USE ON THE LOT, ACCURATE DIMENSIONS OF THE LOT AND BUILDING OR USE; AND WHERE FOR HUMAN HABITATION OR USE, SHOWING LOCATION AND SPECIFICATIONS OF MEANS OF WASTE AND SEWAGE DISPOSAL, MEANS OF ACCESS TO SUCH LOT OR USE, AND SUCH OTHER INFORMATION AS THE SELECTMEN MAY DEEM NECESSARY TO PROVIDE FOR OBSERVANCE OF THE PROVISIONS OF THIS ORDINANCE, INCLUDING DOCUMENTATION OF CONSTRUCTION FROM THE NHWSPCC.
- 6) A BUILDING PERMIT WILL NOT BE ISSUED UNTIL SECTION 801.4 OF THE LOUDON ZONING ORDINANCES ARE MET. SECTION 801.4: NO APPLICATION FOR A BUILDING PERMIT SHALL BE APPROVED UNTIL STAKES OR MARKERS SHALL BE FIXED ON THE LOT TO INDICATE THE LOCATION OF LOT LINES AND ALL CORNERS OF BUILDING(S), STRUCTURES(S), AND ALTERATIONS PROPOSED.
- 7) CERTIFICATE OF OCCUPANCY:
  - A) NO LAND OR BUILDING SHALL BE OCCUPIED, USED, OR CHANGED IN USE UNTIL A CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN ISSUED BY THE BUILDING INSPECTOR STATING THAT THE PROPOSED USE OF SUCH LAND OR BUILDING COMPLIES WITH ALL PROVISIONS OF THE LOUDON ZONING ORDINANCE.
  - B) A CERTIFICATE OF OCCUPANCY SHALL BE APPLIED FOR AT THE SAME TIME APPLICATION IS MADE FOR A BUILDING PERMIT AND SHALL BE ISSUED FOLLOWING AN INSPECTION OF THE PREMISES BY THE BUILDING INSPECTOR AND HIS FINDINGS THAT ALL PROVISIONS OF THE LOUDON ZONING ORDINANCE HAVE BEEN MET.
  - C) A WATER TEST FOR BACTERIA MUST BE DONE AND RESULTS SUBMITTED TO THE BUILDING DEPARTMENT BEFORE THE ISSUANCE OF A CERTIFICATE OF OCCUPANCY.

**EFFECTIVE 1/1/03: ON-SITE TOILET FACILITIES ARE REQUIRED.**

**EFFECTIVE 12/09: CONSTRUCTION HOURS ARE LIMITED TO 6 A.M. – 6 P.M. MONDAY – FRIDAY**

**TOWN OF LOUDON**  
**APPLICATION FOR RESIDENTIAL BUILDING PERMIT**  
 New Construction, Additions, Renovations, Accessory Buildings

Landowner(S)/Applicant(S) Name: \_\_\_\_\_

Landowner(S)/Applicant(S) Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Other)

Loudon Tax Map Reference: Map \_\_\_\_\_ Lot \_\_\_\_\_

Specific Lot Location: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Acres \_\_\_\_\_ Frontage (Ft) \_\_\_\_\_ Depth (Ft)

⇒ **Is this lot or any portion of this lot under Current Use Assessment per RSA 79-A?**  
 ( ) YES\*\* ( ) NO \*\* If YES, provide details, including copy of Current Use map

APPLICATION WILL AUTOMATICALLY BE DENIED IF APPLICANT FAILS TO COMPLETE CURRENT USE ASSESSMENT INFORMATION ABOVE

**Include With This Application:**

- Copy of Septic System Design Plan as Submitted & Approved By W.S.P.C.C.
- Copy of W.S.P.C.C. Approval for Construction #: \_\_\_\_\_
- Copy of Deed
- Driveway Permit (obtain from Road Agent or NN Dept. of Transportation)
- Sketch (with dimensions) showing location of proposed building(s), setbacks, and all buildings on lot
- P.U.C. Energy Code Compliance (approved) – if applicable
- Floor Plan (include basement plan if applicable)
- Land marked with stakes or markers
- Current Use Map with proposed area to be disturbed (if applicable)
- Park Owner’s approval (if in approved Mobile Home Park/if applicable)
- NH D.E.S. –Air Resource Asbestos Demolition/Renovation Notification Form if applicable
- Zoning Board approval (if required; attach copies of approvals with conditions)

Date of Zoning Board Approval: \_\_\_\_\_ Application Approved for: \_\_\_\_\_

**Note:** Application will not be considered until Variance or Special Exception has been granted when applicable

|  |                                      |   |  |
|--|--------------------------------------|---|--|
| <b><u>Check Type of Construction:</u></b>                |                                      | <b><u>Check Appropriate Zoning:</u></b>                     |  |
| <input type="checkbox"/> New Residential                 | <input type="checkbox"/> Renovations | <input type="checkbox"/> Village                            |  |
| <input type="checkbox"/> Addition to existing residence  | <input type="checkbox"/> Demolition  | <input type="checkbox"/> Rural Residential                  |  |
| <input type="checkbox"/> Replacement of residence        | <input type="checkbox"/> Other       | <input type="checkbox"/> Agricultural/Forestry Preservation |  |
| <input type="checkbox"/> Residential Accessory Structure |                                      |   |  |
| <input type="checkbox"/> Mobile Home (in approved park)  |                                      |   |  |

WILL THIS BUILDING BE YOUR PERMANENT RESIDENCE FOR AT LEAST ONE YEAR? ( ) YES ( ) NO  
*I understand a fine of \$10,000 will be levied for providing a false “YES”*

**DESCRIPTION OF BUILDING, ADDITION, REPLACEMENT**

Description of intended permit (i.e.: new residence, addition, garage, shed, pool, etc.) \_\_\_\_\_

*If permit is for an addition or accessory structure, the information below applies only to the new construction and not the existing structure(s):*

Foundation size: \_\_\_\_\_ Foundation type: \_\_\_\_\_  
(i.e.: poured concrete, block, etc.)

# of square feet of living area: \_\_\_\_\_ Total square footage of building: \_\_\_\_\_

**Building setback from property lines: (attach map showing all setbacks)**

Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Sides: \_\_\_\_\_ Other: \_\_\_\_\_

Type of construction (wood frame, etc.): \_\_\_\_\_

**CONDITIONS FOR ISSUANCE OF PERMIT**

**PERMITS ISSUED ARE SUBJECT TO THE FOLLOWING RESTRICTIONS AND LIMITATIONS:**

- 1) Permit expires one (1) year from date of issue unless foundation and septic system are completed
  - 2) Framing and exterior finish must be completed within two (2) years from date of issue
  - 3) **Building is not to be occupied until a Certificate of Occupancy is issued by the Town of Loudon**
  - 4) If applicable, impact fees must be collected prior to Certificate of Occupancy being issued
- Permit fees are based upon \$.10 per square foot of living area (residential)  
→Permit fees are based upon \$.05 per square foot for non-living area (residential)

*I UNDERSTAND THE FOLLOWING: 1) ANY VIOLATION OF THE ABOVE TERMS AND CONDITIONS, OR WILLFUL MISREPRESENTATION OF ANY INFORMATION ON THIS APPLICATION WILL RESULT IN LEGAL ACTION AGAINST ME AND WILL SUBJECT ME TO FINES OF UP TO \$275 PER DAY PLUS LEGAL EXPENSES FOR EVERY DAY THE VIOLATION CONTINUES. 2) THE TOWN'S CONTRACTED ASSESSOR WILL VISIT THE PROPERTY FOR VERIFICATION/ASSESSING PURPOSES. 3) THE BUILDING INSPECTOR WILL VISIT THE PROPERTY AS NEEDED.*

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fees due: \_\_\_\_\_ Date Fees Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Disposition of Application: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

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

Date Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY  
John J. Barthelmes, Commissioner

**Division of Fire Safety**  
**OFFICE OF THE STATE FIRE MARSHAL**  
J. William Degnan, State Fire Marshal



Office: NH Incident Planning & Operations Center, 110 Smokey Bear Blvd., Concord, NH  
Mailing Address: 33 Hazen Drive, Concord, NH 03305  
603-223-4289, FAX 603-223-4294

**Informational Bulletin 2009-07**  
**Carbon Monoxide Detection Devices in Dwellings**

**Purpose**

The purpose of this informational bulletin is to clarify the requirements of RSA 153:10-a, as they apply to carbon monoxide detectors, and to provide guidance as to its implementation. This statute becomes effective on January 1, 2010.

**Explanation**

Section I of the statute requires that a carbon monoxide detection device (CMD) be installed in "each unit". A multi-unit dwelling is defined as:

*"any structure ... which contains 2 or more single units which provide permanent or transient living facilities which may or may not include cooking and eating facilities, for one or more persons. This term shall include but not be limited to: rooming houses, dormitories, motels, hotels, apartment buildings, buildings which contain condominium units, duplexes, and houses; provided, however, that such buildings contain 2 or more units."*

Section II, requires that each "single family dwelling" that is newly constructed or substantially rehabilitated after January 1, must be equipped with a CMD. Substantial rehabilitation is defined as:

*"any improvement to a building or single family dwelling which is valued at an amount greater than 1/2 of the assessed valuation of the building or dwelling." Note that this is the assessed value (the value on which the property taxes are based) not the resale value of the property.*

A CMD must be installed in every rental unit. A rental unit is defined as:

*"any residential unit in a building or single family dwelling which provides permanent or transient living facilities for one or more persons, which is occupied by tenants on a rental basis. This term shall include but not be limited to: hotels, motels, dormitories, apartments, duplex units, rooms rented out of the home of another, and single family dwellings, so long as they are rented."*

**Locations**

NFPA 720, Standard for the Installation of Carbon Monoxide Detection and Warning Equipment and The International Residential Code address the location of carbon monoxide detectors. Detectors should be installed outside of each separate sleeping area in the immediate area of the bedrooms.

**Compliance Dates.**

RSA 153:10-a will become effective on January 1, 2010 for new construction. Administrative rules for this statute are being proposed for existing construction. In the rulemaking process, the Division will be recommending a two-year phase in process for implementation for existing construction.

## CONSTRUCTION INSPECTIONS

**INSPECTIONS REQUIRE A MINIMUM 2 DAYS NOTICE (PLEASE HAVE YOUR BUILDING PERMIT # WHEN CALLING) YOUR BUILDING PERMIT # IS: \_\_\_\_\_**

| <u>DESCRIPTION</u>   | <u>WHEN MADE</u>   | <u>INSPECTOR</u>                         | <u># TO CALL FOR INSPECTION</u>  |
|--|--|--|--|
| <b>FOUNDATION:</b> INCLUDES FOOTINGS, SLABS, FOUNDATION WALLS, PIERS, DAMPPROOFING<br>FOUNDATION DRAINAGE, STOOPS, PORCHES AND TERRACES  | PRIOR TO BACK FILLING  | BLDG.<br>INSPECTOR                       | 798-5584<br>Building Department, 8 Cooper Street                           |
| <b>ROUGH FRAMING, PLUMBING, ELECTRICAL, CHIMNEY AND FIREPLACES:</b> INCLUDES THE STRUCTURE ENCLOSED WITH ALL WALL, CEILING AND ROOF FRAMING EXPOSED. ROOFING, FIREPLACES AND CHIMNEYS SHOULD BE COMPLETED. HEATING, PLUMBING & ELECTRICALWORK SHOULD BE ROUGHED IN.  | PRIOR TO APPLYING INSULATION AND NON-STRUCTURAL INTERIOR & EXTERIOR WALL FINISH. ALL CHIMNEYS TO BE INSPECTED AT 4' ABOVE BASE W/CLEANOUT. ALL FIREPLACES TO BE INSPECTED AT SMOKE CHAMBER/SHELF | BLDG.<br>INSPECTOR                       | 798-5584<br>Building Department, 8 Cooper Street                           |
| <b>INSULATION</b>  | PRIOR TO SHEETROCK BEING INSTALLED   | BLDG.<br>INSPECTOR                       | 798-5584<br>Building Department, 8 Cooper Street                           |
| <b>SEWAGE DISPOSAL SYSTEM:</b><br>INCLUDES SEPTIC TANK, DISTRIBUTION BOX, AND LEACHING BED OR CHAMBERS. SYSTEM WILL BE CONSTRUCTED IN ACCORDANCE WITH PLANS APPROVED BY THE NH WATER SUPPLY & POLLUTION CONTROL COMMISSION. ANY MAJOR CHANGES TO LOCATION AND/OR ELEVATIONS OF SEPTIC TANK AND/OR LEACHING BED MUST BE APPROVED IN ADVANCE BY THE NHWSPCC. | PRIOR TO BACK FILLING SEPTIC TANK, DISTRIBUTION BOX, PUMPS (IF USED) AND ALL PIPE IN PLACE,  | AUTHORIZED<br>AGENT<br>OF THE<br>NHWSPCC | 271-3503<br><a href="http://www.state.nh.us/ssb/">www.state.nh.us/ssb/</a> |
| <b>DRIVEWAY:</b> INCLUDES COMPLETED DRIVEWAY CONNECTION TO ROAD. DRIVEWAY SWALE OR CULVERT MUST ADEQUATELY CARRY DITCH AND DRIVEWAY RUN-OFF SO AS TO PREVENT WATER FROM FLOWING OR PONDING ON ROADS  | BEFORE CONSTRUCTION<br>FINAL SIGN-OFF AT<br>COMPLETION   | ROAD AGENT                               | 783-4568<br>Highway Garage, Clough Hill Road                               |
| <b>OIL BURNER:</b> INCLUDES INSTALLATION OR REPLACEMENT OF ANY OIL BURNER USED FOR SPACE HEATING   | PRIOR TO OPERATION   | FIRE<br>DEPARTMENT                       | 798-5612<br>Fire Department, 8 Cooper Street                               |
| <b>FINAL:</b> INCLUDES COMPLETED BUILDING, CLEANED & READY FOR OCCUPANCY OR USE. ALL WATER, PLUMBING, ELECTRICAL AND HEATING EQUIPMENT WILL BE INSTALLED AND OPERATING. LANDSCAPING NEED NOT BE COMPLETED.   | UPON COMPLETION, BUT<br>PRIOR TO OCCUPANCY OR<br>USE   | BLDG.<br>INSPECTOR                       | 798-5584<br>Building Department, 8 Cooper Street                           |
| <b>PUBLIC UTILITIES COMMISSION</b>   | ENERGY CODE COMPLIANCE<br>TO BE SUBMITTED WITH<br>BUILDING PERMIT  |  | 271-6306<br><a href="http://www.puc.state.nh.us">www.puc.state.nh.us</a>   |