Town of Milford
Building Safety Department

BUILDING PERMIT APPLICATION

One Union Sq, Milford NH 03055 · (603) 249-0620
www.milford.nh.gov

Town use only

Map/Lot # _____ Application # _____ Project: _____ Permit Issue Date _____ Permit # _____

PROJECT INFORMATION

PROPERTY ADDRESS:_____ UNIT #_____

RESIDENTIAL SFR Two-family Condo MH Townhouse Multi-family

COMMERCIAL/INDUSTRIAL Business Name: _____

OCCUPANCY CLASS: _____ COST OF PROJECT: _____ PROJECT SF: _____

EXISTING/PRIOR USE_____ PROPOSED USE_____

DETAILED DESCRIPTION OF WORK:

_____

_____

_____

_____

For new construction:
____ # Bedrooms ____ # of Stories # Town Water Well Town Sewer Private Septic

APPLICANT INFORMATION

NAME:_____

COMPANY NAME (if applicable):_____

MAILING ADDRESS:_____
Street Town State Zip

PRIMARY CONTACT: email:_____

Phone/Cell # :_____

SIGNATURE_____ DATE: _____

I certify that the information given is true and correct to the best of my knowledge.
No change from the information in this application will be made without approval of the Building Inspector.
Construction activities shall not commence until the Building Permit is ISSUED.

OWNER INFORMATION

NAME:_____ PHONE: _____

ADDRESS:_____
Street Town State Zip

EMAIL:_____ PHONE_____

A MINIMUM OF 24 HRS NOTICE FOR ALL INSPECTIONS

Revised 2016