PERMIT FEE $ _____

COMMERCIAL

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

NO. _____ STREET _____

IMPORTANT – Applicant to complete all items in sections: I, II, III, IV, and IX.

I. LOCATION OF BUILDING

AT (LOCATION) _____ (NO.) _____ (STREET) ZONING DISTRICT _____

BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

II. TYPE AND COST OF BUILDING – *All applicants complete Parts A – D*

A. TYPE OF IMPROVEMENT

1 ☐ New building
2 ☐ Addition *(If residential, enter number of new housing units added, if any, in Part D, 13)*
3 ☐ Alteration *(See 2 above)*
4 ☐ Repair, replacement
5 ☐ Wrecking *(If multifamily residential, enter number of units in building in Part D, 13)*
6 ☐ Moving (relocation)
7 ☐ Foundation only

B. OWNERSHIP

8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE – *For "Wrecking" most recent use*

Residential

12 ☐ One family
13 ☐ Two or more family – *Enter number of units* → _____
14 ☐ Transient hotel, motel, or dormitory – *Enter number of units* → _____
15 ☐ Garage
16 ☐ Carport
17 ☐ Other – *Specify* _____

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other – *Specify* _____

C. COST

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical	
b. Plumbing	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

Nonresidential – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

_____

_____

_____

III. SELECTED CHARACTERISTICS OF BUILDING – *For new buildings and additions, complete Parts E – L; for wrecking, complete only Part J, for all others skip to IV.*

E. PRINCIPAL TYPE OF FRAME

30 ☐ Masonry (wall bearing)
31 ☐ Wood frame
32 ☐ Structural steel
33 ☐ Reinforced concrete
34 ☐ Other – *Specify* _____

F. PRINCIPAL TYPE OF HEATING FUEL

35 ☐ Gas
36 ☐ Oil
37 ☐ Electricity
38 ☐ Coal
39 ☐ Other – *Specify* _____

G. TYPE OF SEWAGE DISPOSAL

40 ☐ Public or private company
41 ☐ Private (septic tank, etc.)

H. TYPE OF WATER SUPPLY

42 ☐ Public or private company
43 ☐ Private (well, cistern)

I. TYPE OF MECHANICAL

Will there be central air conditioning?

44 ☐ Yes 45 ☐ No

Will there be an elevator?

46 ☐ Yes 47 ☐ No

J. DIMENSIONS

48. Number of stories _____
49. Total square feet of floor area, all floors, based on exterior dimensions _____
50. Total land area, sq. ft. _____

K. NUMBER OF OFF-STREET PARKING SPACES

51. Enclosed _____
52. Outdoors _____

L. RESIDENTIAL BUILDINGS ONLY

53. Number of bedrooms _____
54. Number of bathrooms: Full _____ Partial _____

NOTES and Data – *(For department use)*

IV. IDENTIFICATION – *To be completed by all applicants*

	Name	Mailing address – *Number, street, city, and State*	ZIP code	Tel. No.
1. Owner or Lessee				
2. Contractor			Builder's License No.	
3. Architect or Engineer				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

NOTE: Signature(s) on the building permit application authorizes the code official, assessor or their agents, for the Town of Derry to conduct inspections from time to time during and upon completion of the work for which this permit is being issued.

Signature of applicant	Address	Date

Revised 12/4/2007

DO NOT WRITE BELOW THIS LINE

V. PLAN REVIEW RECORD – *For office use*

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		$					
PLUMBING		$					
MECHANICAL		$					
ELECTRICAL		$					
OTHER _____		$					

VI. ADDITIONAL PERMITS REQUIRED OR OTHER JURISDICTION APPROVALS

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					WRECKING				
OTHER _____					OTHER _____				

VII. VALIDATION

Building Permit number _____

Building Permit issued _____

Building Permit Fee $ _____

Certificate of Occupancy $ _____

Drain Tile $ _____

Plan Review Fee $ _____

FOR DEPARTMENT USE ONLY

Use Group _____

Fire Grading _____

Live Loading _____

Occupancy Load _____

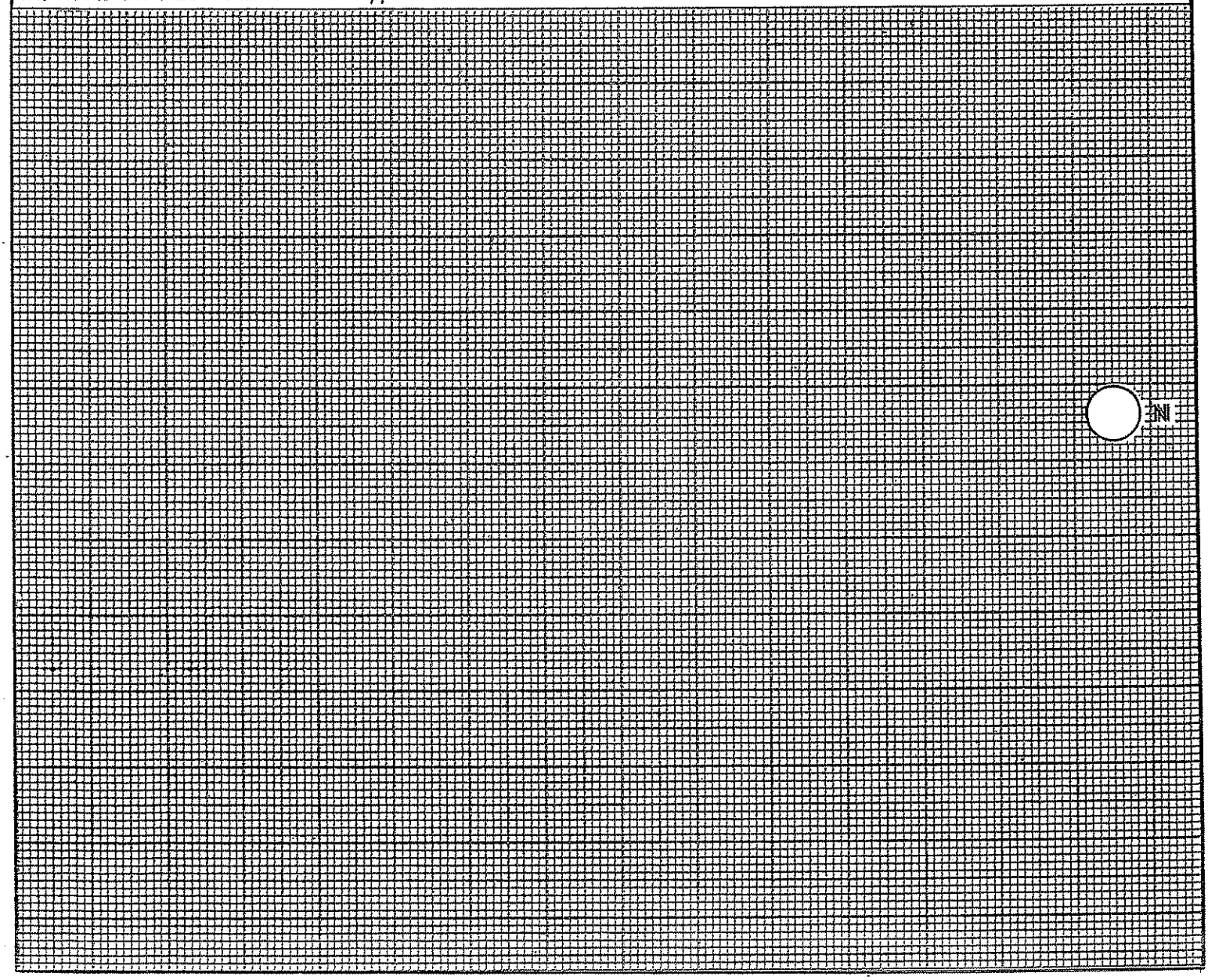
Approved by:

_____

TITLE

VIII. ZONING PLAN EXAMINERS NOTES	
DISTRICT	
USE	
FRONT YARD	
SIDE YARD	SIDE YARD
REAR YARD	
NOTES	

IX. SITE OR PLOT PLAN – *For Applicant Use*



TOWN OF DERRY
CODE ENFORCEMENT DEPARTMENT
Procedure for Permit Application & Building Inspections

Applicant Must

1. Obtain either:
   a. State Approval for construction of a Septic System and a Town of Derry septic installation permit.
   b. Water/Wastewater discharge permit from the Town of Derry if serviced by town sewer.
   c. Water hookup permit if serviced by town water.
2. Obtain a driveway permit from the Town of Derry. Driveway profiles to be indicated on all application and drawings for State Septic Approvals.
3. Show Town of Derry tax map identification on All permit applications.
4. Complete the application with names, addresses and telephone numbers. Declare a cost figure in the "estimated cost" block and sign the forms where required.
5. Draw a reasonable facsimile of the plot, building and driveway on the permit application with lot dimensions.
6. Identify plans by names, date, owner, etc.
7. Plans for the proposed work **Must** be submitted. For other than 1 & 2 Family Structures, plans must be submitted to the Fire Prevention Bureau.
8. If you **Do Not** own the property that the permit is being applied for, include a letter of authorization from the property owner.
9. Electrical permits will only be issued to the **Licensed N.H. Master Electrician** in charge of the job and **must** be applied for **in person** and in **advance** of the work being performed.
10. Plumbing permits will only be issued to the **Licensed N.H. Master Plumber** in charge of the job and **must** be applied for **in person** and in **advance** of the work being performed.
11. Application for a permit and payment of the permit fee does not grant approval to proceed.
12. **No Work** shall begin before approval is received.
13. A. Building permits will be approved by Building Inspector.
    B. Electrical permits by the Electrical Inspector.
    C. Plumbing permits by the Plumbing Inspector.
14. WORK BEGUN BEFORE THE APPLICATION FOR A PERMIT WILL NOT BE INSPECTED AND A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED.

CURRENTLY ADOPTED CODES

State of New Hampshire Building Code
- 2009 International Building Code with Town & State amendments
- 2009 International Plumbing Code with amendments
- 2008 National Electrical Code with amendments
- 2009 International Mechanical Code
- 2009 International Energy Conservation Code with amendments
- 2009 International Residential Code with amendments*
- 2003 Life Safety Code
- 2009 International Property Maintenance Code

1988 Town of Derry Water Supply Regulations - Well Ordinance
State of New Hampshire Health Codes
Town of Derry Zoning Ordinance as Amended
Town of Derry Land Development Control Regulations as Amended
**Commercial & Industrial Structures must comply with the 2009 International Building Code

INSPECTION REQUIREMENTS

****24 HOUR NOTICE MUST BE MADE PRIOR TO EACH INSPECTION**
YOU MUST CALL 432-6148 TO SCHEDULE**

1. Septic System Bed Bottom & Final Inspection

2. Foundation locations for **NEW Dwellings must be certified** and **must be received in office prior to foundation inspection**. Foundation must be stripped with all drainage in place and damp proofed (Footings and foundations must be installed to a minimum of 4' below grade).

3. Temporary Electrical Service

4. Rough Stage - all rough wiring, rough plumbing, HVAC, and masonry in place. Building shall be weather tight with all doors, windows, and siding installed. Meter sockets installed and grounded with the main breaker in place. All fire separations of party walls visible. Plumbing systems required to be pressure tested with 5 lbs. of air pressure or filled to the roof with water.

5. Insulation completed and visible with vapor barrier installed.

6. **Final –**
   a. Property **must be vacant and without furniture.**
   b. Oil/Gas Burner & Sprinkler/Cistern approved by the Fire Prevention Bureau prior to requesting final inspection by Building Inspector.
   c. **All permits** up to date and in file (building, septic, well, well data, water test, plumbing, electrical, chimney, oil burner).
   d. Completed well information sheet, signed by the well driller.
   e. State Approval to **operate** the Septic System.
   f. Signed Certification of compliance to NH Energy Code.
   g. Street Number installed on exterior of building.
   h. If applicable the appropriate Fire Prevention Bureau **must** sign the Certificate of Occupancy prior to the Code Enforcement Office.
   i. Water Test Results

Town of Derry
Commercial Plan Review
Code Enforcement/Fire Department

Street Location: _____

Tax Map: _____

Applicant: _____

Address: _____

_____

Phone Number (_____)_____

PLAN RECEIVED BY FIRE DEPARTMENT

Signature: _____

Date: _____

PLAN RECEIVED BY BUILDING DEPARTMENT

Signature: _____

Date: _____

PLAN REVIEWED & APPROVED BY FIRE DEPARTMENT

Signature: _____

Date: _____

PLAN REVIEWED & APPROVED BY BUILDING DEPARTMENT

Signature: _____

Date: _____

DERRY FIRE DEPARTMENT
Fire Alarm Systems
Minimum Information Required With Application

PROJECT:

PERMIT#:

A minimum of one copy of shop drawing, and submittal data shall be provided with the application permitting evaluation of the system **PRIOR TO** installation.

1. Name and address of project or tenant where system will be installed: include Associated building permit number with project.

2. Name, address and telephone number of designer of fire alarm system.

3. One copy of construction documents including the following items:

   FLOOR PLAN

   A. Floor plan to scale or dimensioned for verification of device spacing showing the layout of the building including walls and/or partitions. include location of fire rated assemblies and indicated how the rated walls will be maintained when penetrated by equipment and/or wiring. Indicate what each room or space is to be used for by the occupants.

   B. Device to device wiring arrangement in the structure from fire alarm panel to all devices, inclusive of last device, indication location of end of line register where applicable for clarity of system. Indicated style of wiring used for determining how system will respond to different conditions associated with the functionality. Indicated size of wiring, number of conductors used, and protection methods required by NFPA 70.

   C. Location and number of all alarm-initiating devices and alarm-notification appliances on floor plan. Indicate mounting height of all devices, and where required to be provided with a ceiling initiating devices, (smoke detectors, heat detectors, beam detectors, ect.) indicate type of ceiling layout (flat, cathedral, sloped, peaked, solid joist construction, ect.).

Provide a signal schedule to include the following information for **INTELLIGENT SYSTEMS:**

POINT (A)	TYPE OF SIGNAL (B)	ALPHA NUMERIC NOMENCLATURE (C)	LOCAL FUNCTION (D)

A. **POINT** – Designation by designer of numeric point.

B. **TYPE OF SIGNAL** –Alarm, Supervisory, or Trouble signal.

C. **ALPHA NUMERIC NOMENCLATURE**- Type or initiating device (Manual Pull, Sprinkler Water Flow, HAVC Smoke Detector, OS&Y Tamper Switch, PIV Tamper Switch, etc.)

D. **LOCAL FUNCTION** – Fire alarm system status (A/V activation, Panel Trouble Panel Supervisory).

Zone (A)	Type of Signal (B)	Zone Description (C)	Status of Fire Alarm System (D)

A. **POINT** – Designation by designer of numeric point.

B. **TYPE OF SIGNAL** – Alarm, Supervisory, or Trouble Signal.

C. **ZONE DESCRIPTION** – floor level of area of zone.

D. **STATUS OF FIRE ALARM SYSTEM**- Fire Alarm System Status (A/V activation, Panel Trouble, Panel Supervisory)

D. Location of all fire alarm control panels, annuciator panels, digital Communicator or other off-site premises report devices.

E. Indicate how each fire alarm zone is designed in the building to meet Provisions of the manufacturer's accepted practices (number of devices permitted on a zone).

F. When applicable, a scaled cross section of detector mounting locations For door closure operation in accordance with NFPA 72.

RISER DIAGRAM

A. Provide a single line riser diagram for devices on the fire alarm system For:

1. Initiating devices
2. Indication devices
3. Elevator capture
4. Door hold open functions
5. Special locking devices
6. HVAC controls

STAND ALONE INFORMATION

A. Verify size of HVAC systems in CFM rating to determine requirement for Duct mounted smoke detectors. **Contractors shall be capable of performing air pressure differential testing at smoke detector to verify proper placement of the devices.**

B. Source of primary and secondary power. Provide calculations for all Secondary power sources as required for type equipment to be installed.

C. Method of communications with Fire Department (100ml circuit or Radio Box).

D. Manufacturer's cut-sheets on all equipment used in the system. Where Cut-sheets cover multiple devices, indicated those devices used in the system. Specifically provide information for the Digital Alarm Communications Transmission (DACT) options.

PLANS REVIEW PROCEDURE

Effective Date: January 1, 1999

This procedure applies to all newly constructed, substantially renovated buildings in the Town of Derry requiring a building permit. Single family homes are exempt from this procedure.

1. All applicants for a building permit involving new construction, modification rehabilitation, shall submit plans for review to the fire department.

    a. Construction 3000 (gross) square feet or greater in size shall submit stamped/certified plans for review to the Fire Department.
    b. Construction under 3000 (gross) square feet in size may submit scaled plans for review showing compliance with all applicable codes to the Fire Department.
    c. It shall be the responsibility of the applicant to submit plans that are in compliance with current codes and standards relative to Life Safety and Protection.
    d. All class A, B, or C places of assembly shall submit stamped drawings for review.

2. The following items shall be listed on submitted plans to the Derry Fire Department to assure proper classification:

    a. Occupancy classification.
    b. Occupancy subclassification or special use (if applicable).
    c. Building construction type.
    d. Building elevation.
    e. Gross square footage of building including all floors.
    f. Equipment cut sheet for building mechanical and fire protection systems.

3. Where two codes are referenced for the same application, the most stringent shall apply.

4. Any modification or changes to plans during the construction phase shall be submitted to the Fire Department for review and approval prior to changes being made.

5. All plans shall be approved by the Fire Department prior to issuance of a building permit.

6. We will attempt to review all plans received as timely as possible. **All plans will be acted upon within ten (10) working days of receipt.**

DERRY FIRE DEPARTMENT
FIRE PREVENTION BUREAU
INSTALLATION OF SPRINKLER SYSTEMS

GENERAL:

All installations of Sprinkler Systems with-in the Town of Derry shall be done in accordance with these specifications and the most current adopted edition of NFPA 13, 13D, 13R.

1. All piping to system riser shall be installed to meet requirements of NFPA 24.
2. Wet Hydrostatic Test 200 psi for 2 hours or 50 psi above operating pressure.
   Exception – portions of systems normally subjected to working pressures in excess of 150 psi shall be tested at a pressure of 50 psi in excess of normal working pressure.
3. Must contain on valve, Hydraulic Design Data Plate.
4. Dry Air Test 40 psi for 24 hours not more than 1.5 psi drop in system.
5. Dry Inspection Test located at most remote point in system with smallest system orifice not more than 60 sec. from the time of opening fully to alarm (BOCA BUILDING).
6. Air supply must be capable of reaching required pressure in less than 30 minutes.
7. F.D. connection at least 4" in diameter.
8. More than 20 heads requires supervision.
9. Piping between the exterior fire department connection and the check valve in the fire department inlet pipe shall be hydrostatically tested in the same manner as the balance of the system.
10. All underground piping shall be hydrostatically tested in accordance to NFPA 24. The allowable leakage shall be with-in the limits prescribed by NFPA 24 and shall be recorded on the test certificate.
11. Dry Pipe Systems shall be kept dry at all times. (Exception - During nonfreezing weather a dry pipe system shall be permitted to be left wet if the only other option is to remove the system from service while waiting for parts or during repair activities).
12. Compressors used in conjunction with dry pipe sprinkler systems shall be maintained in accordance with manufacturer's installations.

DERRY FIRE DEPARTMENT
FIRE PREVENTION BUREAU

INSTALLATION OF PRIVATE FIRE SERVICE MAINS:

All installations of private fire service mains within the Town of Derry shall be done in accordance with these specifications and the most current adopted edition of **NFPA 24** (Installation of Private Fire Service Mains).

GENERAL:

1. Public Mains shall be no smaller than 6" in diameter.
2. No pressure regulating devices shall be used.
3. Connection to Public Water Mains shall be controlled by a P.I.V.
4. F.D. connections shall be on the street side of buildings with no interference with any object.
5. F.D. connections shall have a sign having raised letters at least 1".
6. All valves shall be listed as indicating type valves.
7. No pipe shall be smaller than 6" in diameter shall be installed as a private service main.
8. Pipe shall not be run under buildings.
9. All bolted joints shall be cleaned and coated with asphalt or another corrosion retarding agent after installation.
10. All joints and bends shall be secured against movement.
11. Service mains and system risers shall be flushed thoroughly before connection is made to system piping.
12. Minimum rate of flow shall not be less than the water demand of the system.
13. All new private service mains shall be tested hydrostatically at not less than 200 psi for two hours. Amount of leakage at joints not to exceed 2 qts. per/hr.
14. Before **Final Approval** of installation by AHJ, the installing company shall furnish a contractors material & test certificate countersigned by the property owner and representative (see attached sample).

Contractor's Material and Test Certificate for Private Fire Service Mains

PROCEDURE

Upon completion of work, inspection and tests shall be made by the contractor's representative and witnessed by an owner's representative. All defects shall be corrected and system left in service before contractor's personnel finally leave the job.

A certificate shall be filled out and signed by both representatives. Copies shall be prepared for approving authorities, owners, and contractor. It is understood the owner's representative's signature in no way prejudices any claim against contractor for faulty material, poor workmanship, or failure to comply with approving authority's requirements or local ordinances.

PROPERTY NAME		DATE
PROPERTY ADDRESS		
PLANS	ACCEPTED BY APPROVING AUTHORITIES (NAMES)	
	ADDRESS	
	INSTALLATION CONFORMS TO ACCEPTED PLANS	☐ YES ☐ NO
	EQUIPMENT USED IS APPROVED IF NO, STATE DEVIATIONS	☐ YES ☐ NO
INSTRUCTIONS	HAS PERSON IN CHARGE OF FIRE EQUIPMENT BEEN INSTRUCTED AS TO LOCATION OF CONTROL VALVES AND CARE AND MAINTENANCE OF THIS NEW EQUIPMENT? IF NO, EXPLAIN	☐ YES ☐ NO
	HAVE COPIES OF APPROPRIATE INSTRUCTIONS AND CARE AND MAINTENANCE CHARTS BEEN LEFT ON PREMISES? IF NO, EXPLAIN	☐ YES ☐ NO
LOCATION	SUPPLIES BUILDINGS	
PIPES AND JOINTS	PIPE TYPES AND CLASS	TYPE JOINT
	PIPE CONFORMS TO _____ STANDARD FITTINGS CONFORM TO _____ STANDARD IF NO, EXPLAIN	☐ YES ☐ NO ☐ YES ☐ NO
	BURIED JOINTS NEEDING ANCHORAGE CLAMPED, STRAPPED, OR BLOCKED IN ACCORDANCE WITH _____ STANDARD IF NO, EXPLAIN	☐ YES ☐ NO
TEST DESCRIPTION	FLUSHING: Flow the required rate until water is clear as indicated by no collection of foreign material in burlap bags at outlets such as hydrants and blow-offs. Flush at flows not less than 390 GPM (1476 L/min) for 4-inch pipe, 610 GPM (2309 L/min) for 5-inch pipe, 880 GPM (3331 L/min) for 6-inch pipe, 1560 GPM (5905 L/min) for 8-inch pipe, 2440 GPM (9235 L/min) for 10-inch pipe, and 3520 GPM (13323 L/min) for 12-inch pipe. When supply cannot produce stipulated flow rates, obtain maximum available. HYDROSTATIC: Hydrostatic tests shall be made at not less than 200 psi (13.8 bars) for two hours or 50 psi (3.4 bars) above static pressure in excess of 150 psi (10.3 bars) for two hours. LEAKAGE: New pipe laid with rubber gasketed joints shall, if the workmanship is satisfactory, have little or no leakage at the joints. The amount of leakage at the joints shall not exceed 2 qts. per hr. (1.89 L/h) per 100 joints irrespective of pipe diameter. The amount of allowable leakage specified above may be increased by 1 fl oz per in. valve diameter per hr. (30 mL/25 mm/h) for each metal seated valve isolating the test section. If dry barrel hydrants are tested with the main valve open, so the hydrants are under pressure, an additional 5 oz per minute (150 mL/min) leakage is permitted for each hydrant.	
FLUSHING TESTS	NEW PIPING FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY) IF NO, EXPLAIN	☐ YES ☐ NO
	HOW FLUSHING FLOW WAS OBTAINED ☐ PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP	THROUGH WHAT TYPE OPENING ☐ HYDRANT BUTT ☐ OPEN PIPE
	LEAD-INS FLUSHED ACCORDING TO _____ STANDARD BY (COMPANY) IF NO, EXPLAIN	☐ YES ☐ NO
	HOW FLUSHING FLOW WAS OBTAINED ☐ PUBLIC WATER ☐ TANK OR RESERVOIR ☐ FIRE PUMP	THROUGH WHAT TYPE OPENING ☐ Y CONN. TO FLANGE & SPIGOT ☐ OPEN PIPE

Figure A-9-2.1 Typical contractor's material and test certificate for private fire service mains **(continued on next page).**