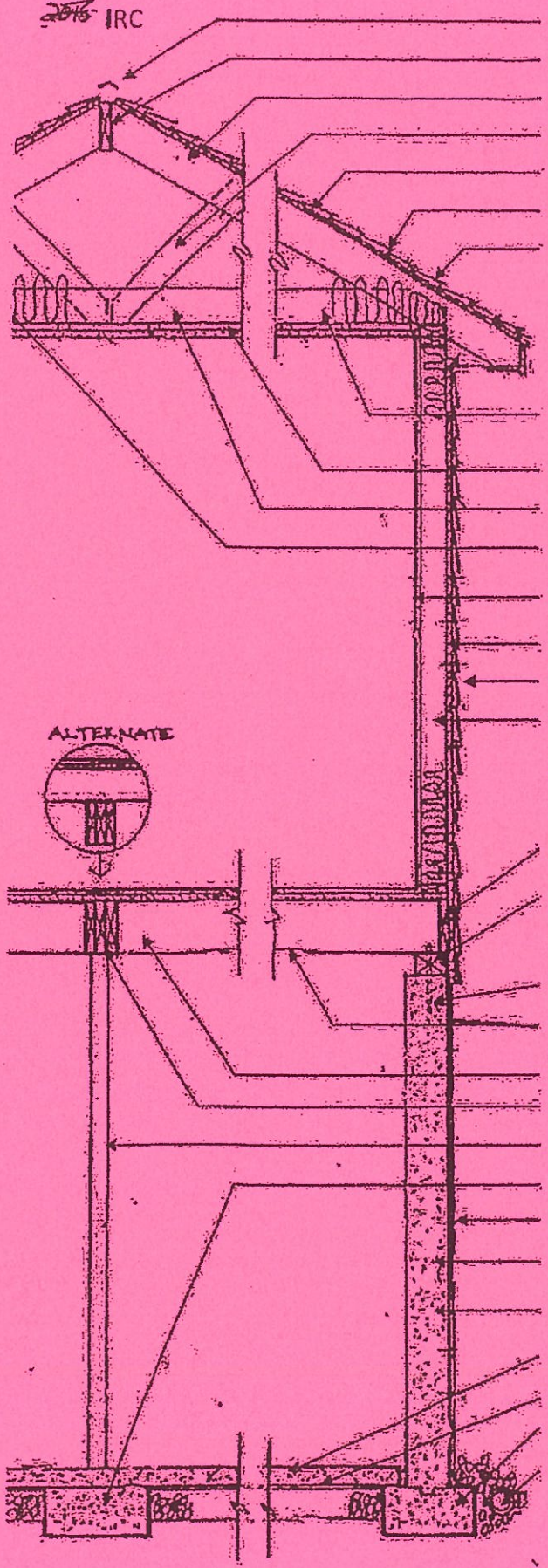
2021
~~2015~~ IRC



IRC 806 Ridge and Soffit Vent ____ or Gable Vent_____

IRC 802.3 Ridge Board _____ or Structural Ridge _____

IRC802 Rafters _____x_____ and _____On Center

IRC802.10 Trusses ____ (Provide Manufacturer's Drawing)

IRC803 Roof Sheathing

IRC905 Roof underlayment

IRC905 Roof Shingles or Material

Name of Property Owner _____

Address & Tax Map _____

Insulation: IRC Chapter 11, IRC Chapter 316, and per NH Energy Code

IRC601.3 Vapor Retarder Material

IRC802 Ceiling Joists _____x_____ and _____ On Center

IRC802.8 Ceiling Joist lateral Support

IRC 302.9 & 702 Interior Finish Material

IRC703 Exterior Siding

IRC602.3 Wall Sheathing

IRC602 Wall Studs _____x_____and _____On Center

For Slab-on-grade, CMU, ICF, or wood foundations see IRC chapter 4 and provide detail

IRC502.7 Band or Rim Joist _____x_____

IRC 404.3 & 317 Sill Plate(s) _____ x _____ (#____) and PT ____

IRC503 Subfloor Material _____Thickness _____

IRC403.1.6 Foundation anchorage size _____spacing_____

IRC502 Floor Joists _____x_____and _____On Center

IRC502.7 Floor Joist Lateral Support Provided _____

IRC502.5 Girder(#___) -- ____ x ____ or Engineered _____

IRC407 Columns; Type/size _____and _____O.C.

IRC403 Column footings _____x_____x_____

IRC406 Water/Damp Proofing_____

IRC404 Concrete Wall _____High by _____Wide

IRC404.1.2 (1) Horizontal Rebar # of bars _____placed at _____

IRC506 Concrete Slab Thickness ____Base Material _____

IRC506.2.3 Slab Vapor Barrier _____

IRC403 Concrete Wall Footings _____x_____x_____

IRC405 Foundation Drain Type/Size _____ Stone & Felt _____

TOWN OF WARNER

The Permits & Inspections Indicated Below Are Required For Your Building Project:

REQUIRED PERMITS

- ☐ BUILDING PERMIT
- ☐ CERTIFICATE OF OCCUPANCY
- ☐ DEMOLITION PERMIT
- ☐ GAS PERMIT
- ☐ HVAC PERMIT
- ☐ PLUMBING PERMIT
- ☐ SCREEN-IN PORCH
- ☐ TEMP CERT OF OCCUPANY
- ☐ ZONING COMPLIANCE
- ☐ CERTIFICATE OF COMPLETION
- ☐ CERTIFICATE OF USE
- ☐ ELECTRICAL PERMIT
- ☐ GENERATOR
- ☐ PLUMB&HEAT PERMIT
- ☐ RENEWAL
- ☐ SOLAR PERMIT
- ☐ WOOD STOVE/PELLET

REQUIRED INSPECTIONS

- ☐ BUILDING INSPECTION
- ☐ DOCK
- ☐ ELECTRICAL SERVICE
- ☐ FINAL
- ☐ FOOTINGS
- ☐ FOUNDATION WALLS
- ☐ FRAME & PLUMBING/HVAC
- ☐ GARAGE
- ☐ GENERATOR
- ☐ MINI-SPLIT
- ☐ PERMINENT SERVICE
- ☐ PLUMBING
- ☐ PROPANE TANK
- ☐ SHED
- ☐ SMOKE DETECTORS
- ☐ SONO TUBES/PIERS
- ☐ TRENCH INSPECTION
- ☐ WOOD/PELLET
- ☐ DECK/PORCH
- ☐ ELECTRICAL
- ☐ EROSION CONTROL
- ☐ FIREPLACE
- ☐ FOUNDATION PRIOR BACKFILL
- ☐ FRAME
- ☐ FRAMING & ELECTRIC
- ☐ GAS
- ☐ INSULATION
- ☐ OIL FURNACE
- ☐ PIERS
- ☐ POOL
- ☐ ROUGHS
- ☐ SLAB
- ☐ SOLAR
- ☐ SUB-SURFACE PLUMBING
- ☐ WATER TEST

Town of Warner
Building and Code Enforcement Office
P.O. Box 265
Warner, NH 03278

FIELD INSPECTION REPORT

INSPECTION TYPE _____ DATE _____

LOCATION _____ PERMIT NO. _____

OWNER _____ TAX MAP _____

CORRECTIONS REQUIRED:

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED UNLESS OTHERWISE NOTED ABOVE.

BY _____ DATE _____
INSPECTOR

TOWN OF WARNER

The Permits & Inspections Indicated Below Are Required For Your Building Project:

REQUIRED PERMITS

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- ☐ PIERS
- ☐ POOL
- ☐ ROUGHS
- ☐ SLAB
- ☐ SOLAR
- ☐ SUB-SURFACE PLUMBING
- ☐ WATER TEST

TOWN OF WARNER

PLUMBING/HVAC PERMIT APPLICATION

Site Address: _____

Type of Occupancy: Residential ( ) Commercial/Industrial ( )

Type of Work: New ( ) Alteration ( ) Repair ( ) Addition ( )

Home owners phone #: _____

Office use:
Primary Perm. #_____
Permit # _____
M/B/L# _____
Fee: $120.00

Reciept:

Contractor: _____ Cell #: _____

Mailing address: _____ Business # _____

Email address: _____

Check all that apply below...

Copy of Master License:

Sewer & Drain/Vent Piping	Water Piping
( ) PVC	( ) PEX
( ) ABS	( ) COPPER

WORK BEING PERFORMED:

Note: At time of inspection, Newbury requires:

- **Pressure test on all water piping**
- **Either pressure or water on S&D piping**

Compliance Agreement:

I, _____, have filled out this form and agree to conditions of inspection. (*Print name*), I agree to abide by the International Plumbing & Mechanical Code in current use of year adopted by the State of NH. Not performing work according to all applicable codes may result in a formal report filed with the State of NH Plumbing and Mechanical Inspector. Warner, NH reserves the right to confer and request an inspection on site from the state plumbing & mechanical inspector if felt necessary.

Contractor: _____ Code Enforcement Officer: _____
(*Signature*) (*Signature*)

Date: _____ Date: _____

Town of Warner
Building and Code Enforcement Office
P.O. Box 265
Warner, NH 03278

FIELD INSPECTION REPORT

INSPECTION TYPE _____ DATE _____

LOCATION _____ PERMIT NO. _____

OWNER _____ TAX MAP _____

CORRECTIONS REQUIRED:

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PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED UNLESS OTHERWISE NOTED ABOVE.

BY _____ DATE _____
INSPECTOR

TOWN OF WARNER
BUILDING PERMIT

Place in a Conspicuous Location at Start of Construction

Permit Number: _____ **Date:** _____

Map and Lot: _____

Permit issued to: _____

at: _____

Permission to: _____

Owner Address: Phone:

Applicant: Phone:

Contractor: Phone:

License #: Permit Fee: $ | Estimated Cost: $

SELECTBOARD OF THE TOWN OF WARNER NH PERMIT TO BUILD:

The permit grantee shall in every aspect, conform to the terms, conditions and provisions of all Building Codes adopted by the Town of Warner, NH and the Building Application on file in the Code Enforcement Office. This permit expires two years from permit date.

MUST COMPLY WITH THE IRC ONE AND TWO FAMILY AND IBC BUILDING CODES AND ALL FIRE AND LIFE SAFETY CODES

Select Board Member's have seen this permit:

_____

_____

_____

Signed: _____ **Telephone:** _____

CODE ENFORCEMENT OFFICER

NOTE: THIS PERMIT EXPIRES

Printed: /0/6/2025

TOWN OF WARNER
BUILDING PERMIT

Place in a Conspicuous Location at Start of Construction

Permit Number: _____ **Date:** _____

All items below must be approved before occupancy permit is granted.

INSPECTIONS		DATE

NOTE: THIS PERMIT EXPIRES

Printed: 10/20/2025

DEMOLITION PERMIT APPLICATION

Permit Number: # _____ Permit Fee: $150.00 _____ Date Received: _____ Receipt# _____

Property Information: Zoning District: _____ Tax Map/Lot# _____

Physical Address: _____

Owner Information: Name _____ Telephone#: _____

Legal Mailing Address: _____
Street or PO Box Town/City State Zip Code

The undersigned hereby applies for permission to raze, demolish, and dispose as described in this application and attached documentation. Demolition shall be completed in accordance with all applicable Town of Warner, State of New Hampshire, and United States laws and regulations. I hereby attest that all information on this application is true and correct to the best of my knowledge.

_____ Date: _____
Signature of Owner

Contractor/ Owner's Agent (Note: Owner signature above, or signed letter or email of authorization

Print Name _____ Telephone# _____

Mailing Address _____
Street or PO Box Town/City State Zip Code

Signature of Contractor _____ Date: _____

Project Details: Town Water ( ) Yes ( ) No Town Sewer ( ) Yes ( ) No

Demolition project description: _____

Date demolition will begin _____ *Permit VOID six *(6)* months from date of: _____

Please attach the following

NHDES Asbestos Demolition/ Renovation Notification Form
Asbestos Program
NHDES Air Resources Division
(603) 271-1373 or (603) 271-1370
www.nhdes.nh.gov

Lead Paint Assessment *required for all buildings built prior to 1978.

Site fencing and stabilization plan if applicable

Waste facility disposal receipt must be submitted to the Building Dept.

**Note: If burning of debris is contemplated, then permission for the warner Fire Rescue must be sought and approved

Town of Warner - Official Use Only:
This Permit is granted subject to any conditions established herein.

Burning Allowed by _____ Date: _____
Fire Department Official

Permit Issued by _____ Date: _____
Building Official

Town of Warner
Building and Code Enforcement Office
P.O. Box 265
Warner, NH 03278

FIELD INSPECTION REPORT

INSPECTION TYPE _____ DATE _____

LOCATION _____ PERMIT NO. _____

OWNER _____ TAX MAP _____

CORRECTIONS REQUIRED:

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED UNLESS OTHERWISE NOTED ABOVE.

BY _____ DATE _____
INSPECTOR

TOWN OF WARNER
PLUMBING PERMIT

Place in a Conspicuous Location at Start of Construction

Permit Number: _____ **Date:** _____

Map and Lot: _____

Permit issued to: _____

at: _____

Permission to: _____

Owner Address: **Phone:**

Applicant: **Phone:**

Contractor: **Phone:** **License #:**

Permit Fee: $ **Estimated Cost: $**

NOTE: INSTALLATIONMUST COMPLY WITH IPC, IRC 1AND 2 FAMILY OR IBC CODE. ALL WORK MUST BE INSPECTED BEFORE BEING CLOSED UP.

Signed: _____ **Telephone:** _____

CODE ENFORCEMENT OFFICER

NOTE: THIS PERMITEXPIRES

TOWN OF WARNER
CERTIFICATE OF OCCUPANCY

Permit Number: _____ **Date:** _____

Map Block Lot Unit: _____

Permit issued to: _____

at: _____

Permission to: _____

Owner Address:	**Phone:**
Applicant:	**Phone:**
Permit Fee:	**Estimated Cost:**

SELECTBOARD OF THE TOWN OF WARNER NH

Certificate of Occupancy

This Certificate of Occupancy affirms that the work related to the project address and permit number above has met all required inspections for occupancy. The administrative agency responsible for performing inspections has, to the best of its ability, verified governing code compliance (International Residential Code 2018) for this project. However, issuance of this Certificate of Occupancy does not relieve any Contractors and/or subcontractors of their obligations as outlined under NH RSA 155-A:2 VII for governing code compliance issues that may be discovered after the issuance date of this document.

The project address has been found to substantially conform to the Town of Warner Zoning Ordinance and applicable building codes and is approved for occupancy. Inspection services are rendered by the Town of Warner as a public service. By issuing this Certificate of Occupancy, the Town does not guarantee the quality of construction. Moreover, this certificate does not warrant, nor affirm, that the structure is free of defects.

Signed: _____ **Telephone:** _____

CODE ENFORCEMENT OFFICER

TOWN OF WARNER
HVAC PERMIT

Place in a Conspicuous Location at Start of Construction

Permit Number: _____ **Date:** _____

Map and Lot:

Permit issued to:

at:

Permission to:

Owner Address: Phone:

Permit Fee: $ Estimated Cost: $

NOTE: ALL WORK MUST COMPLY WITH THE IMC, NFPA , NEC AND IRC AND 2 FAMILY OR IBC CODE.

Signed: _____ **Telephone:** _____

CODE ENFORCEMENT OFFER

NOTE: THIS PERMIT EXPIRES 1 YEAR FROM THE DATE ISSUED AFTER DATE ISSUED.

TOWN OF WARNER
PLUMBING PERMIT

Place in a Conspicuous Location at Start of Construction

Permit Number: _____ **Date:** _____

Map and Lot:

Permit issued to:

at:

Permission to:

Owner Address: Phone:

Applicant: Phone:

Contractor: Phone: License #:

Permit Fee: $ Estimated Cost: $

NOTE: INSTALLATIONMUST COMPLY WITH IPC, IRC 1AND 2 FAMILY OR IBC CODE. ALL WORK MUST BE INSPECTED BEFORE BEING CLOSED UP.

Signed: _____ **Telephone:** _____

CODE ENFORCEMENT OFFICER

NOTE: THIS PERMITEXPIRES

TOWN OF WARNER
GAS PERMIT

Place in a Conspicuous Location at Start of Construction

Permit Number: _____ **Date:** _____

Map and Lot:

Permit issued to:

at

Permission to:

Owner Address: Phone:

Applicant: JAMES PICKMAN | Phone:

Contractor: | Phone: License #:

Permit Fee: $| Estimated Cost: $

Fuel Gas systems shall comply with the New Hampshire Fire Code, Saf-C 6000 NFPA 54 and must comply with IFG

A copy of the Pressure Test with Homeowner, Tanks, Appliance or dropped at the Office. FAILURE TO PROVIDE PRESSURE TEST TO THE CODE ENFORCEMENT OFFICER OR FIRE DEPARTMENTWITHIN 3 DAYS WILL REULT IN A VIOLATION AND SYSTEM FAILURE.

Signed: _____ **Telephone:** 03-763-4940 X203

CODE ENFORCEMENT OFFICER

NOTE: THIS PERMIT EXPIRES 1 YEARS FROM DATE ISSUED AFTER DATE ISSUED.

TOWN OF WARNER
ELECTRICAL PERMIT

Place in a Conspicuous Location at Start of Construction

Permit Number: _____ **Date:** _____

Map and Lot:

Permit issued to:

at:

Permission to:

Owner Address: **Phone:**
Applicant: **Phone:**
Contractor: **Phone:** **License #:**
Permit Fee: $ | **Estimated Cost: $**

ALL WORK MUST CONFORM TO THE NEC CODES

INSPECTIONS: TEMPORARY SERVICE IF APPLICABLE BEFORE COVERING OVER ANY BURIED CONDUIT ROUGH ELECTRICAL FINAL

Signed: _____ **Telephone:** _____

CODE ENFORCEMENT OFFICER

NOTE: THIS PERMIT EXPIRES

Printed: 10/6/2025

TOWN OF WARNER

ELECTRICAL PERMIT APPLICATION

Site Address: _____

Type of Occupancy: Residential ( ) Commercial/Industrial ( )

Type of Work: New ( ) Alteration ( ) Repair ( ) Addition ( )

Home owners phone #: _____

Office use:
Primary Perm. # _____
Permit # _____
M/B/L# _____
Fee: $120.00
Check # _____
Pd. Cash

Contractor: _____ Cell #: _____

Mailing address: _____ Business # _____

Email address: _____

Check all that apply below...

Copy of Master License

Service	Wiring	
( ) New	( ) NM ( ) MC	
( ) Replace	GENERATOR	WORK BEING PERFORMED:
Amps : ( ) 100 ( ) 200 ( ) 400	Size: Transfer Switches:	
SOLAR	Notes:	
( ) DC ( ) AC		

~~Compliance Agreement:~~

I, _____, have filled out this form and agree to conditions of inspection. (*Print name*), I agree to abide by the International Electrical Code in current use of year adopted by the State of NH. Not performing work according to all applicable codes may result in a formal report filed with the State of NH Electrical Inspector. Newbury, NH reserves the right to confer and request an inspection on site from the state Electrical inspector if felt necessary.

Contractor: _____ Code Enforcement Officer: _____
(*Signature*) (*Signature*)

Date: _____ Date: _____

HOMEOWNERS SELF-PERFORMING ELECTRICAL, PLUMBING, AND GAS FITTING INSTALLATIONS

Electrical Licensing Law:

RSA 319-C:15-11

Nothing in this chapter shall prevent a homeowner from making electrical installations in or about a single family residence owned and occupied by him or her or to be occupied by him or her as his or her bona fide personal abode.

In accordance with RSA 319-C:15-II:

I certify that I am the homeowner that owns and occupies this property for the purposes of making electrical installations in this single-family residence.

Owner:_____ Address:_____ Date:_____

Plumbing Licensing Law:

RSA 329-A:13-111

329-A:13 Exception-s The provision of this chapter shall not apply to the following persons while performing plumbing work under the circumstances specifically described hereinafter; provided, however, that plumbing installed or maintained by such persons under such circumstances shall conform to the state plumbing code.

ITT. To a property owner or the property owner' s agent who installs, repairs, or replaces plumbing in the property owner's own single-family detached or townhouse residence, including new construction.

In accordance with RSA 329-A:13III:

I certify that I am the homeowner who resides or intends to reside at this address for the purposes of making plumbing installations in this single-family residence.

Owner:_____ Address: _____ Date: _____

In accordance with RSA 153:361:

I certify that I am the homeowner who owns or occupies this as a single-family structure and is my primary residence for the purposes of making fuel gas fitting work in this single family residence.

Owner: _____ Address: _____ Date: _____