



OFFICE OF THE PLANNING DIRECTOR

PO Box 960, 2 Main Street
Amherst, NH 03031-0960
e-mail: ctiedemann@amherstnh.gov
website: www.amherstnh.gov
Tel. (603) 673-6041 x 204 Fax (603) 673-4138

Amherst Building Permit Application

To Build, Alter, Repair, Install, or Change Buildings, Land, or Uses

Owner(s): James/Ellon Sickler
Address: 166 Amherst St.
Amherst NH Telephone: 673-6022
Gen. Contractor: JLSickler Construction
Address: SAME Telephone: 566-3590
Location of Work: SAME
Map: 18 Lot: 47 Unit: Zoning:
Fee Due: \$ Paid: Date:
Hist. Dist.: X Yes No Scenic Road: Yes No

Description of work to be done (be specific, attach additional sheets as needed - application must contain enough information to determine compliance with appropriate Ordinances and Regulations).
(Two sets of scaled plans are required for all buildings, structures, and dwellings, as well as any remodeling or additions.) 3 bay AUTO garage/storage

Type of Permit:
[X] New Building [X] Electrical [] Plumbing [] Change of Use [] Septic System [] Pool
[] Individual Sign [] Alteration or Addition [] Foundation Only [] Other:
[] Single Family: Bedrooms: Bathrooms: [] Year Round [] Seasonal

Use Classification:
[X] Residential [] Commercial [] Retail [] Office [] Industrial [] Assembly [] High Hazard
[] Educational [] Institutional [] Storage [] Other:
Square Footage of Work: 864 Estimated Cost of Work: 8K

Other Contractors (Electrical, Plumbing, Septic, include copy of License and business card for each):
ELEC: Name: Owner License: Expires:
Address: Tel:
PLUMB: Name: License: Expires:
Address: Tel:
SEPTIC: Name: License: Expires:
Address: Tel:

NOTE: I certify that the information herein given is true and correct to the best of my knowledge. No changes from the above information can be made without written approval of the Zoning Office. Construction activities shall not commence until the Building Permit is issued.
I realize that when all necessary approvals have been issued (within 30 days after receipt of all required plans), a Building Permit may be granted by the Zoning Office to allow construction or change in land use in conformance with this application and those plans and specifications submitted in support thereof only.
I further acknowledge that the proposed structure or improvements shall not be occupied or otherwise utilized without the issuance of a Certificate of Occupancy and only after all necessary inspections have been requested and satisfactorily completed.

Signature of Owner(s): [Signature] Date: 11/23/09
Note: If not signed by owner a letter of authorization to proceed from owner is required. v.7.8.09

Town of Amherst
Building and Zoning Department
2 Main Street, PO Box 960
Amherst, NH 03031 603-673-6041



Permit Type: Building
Permit Number: 09-421

Approval Date:

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Printed: 12/1/2009

Applicant

Name: James & Ellen Sickler
Address: 166 Amherst St
Amherst, NH 03031

Phone: 673-6022

018-047-000

Parcel

Parcel Number: 018-047

Address: 166 Amherst Street

Contractors

Contractor Type: Builder
Name: Homeowner
Address:

Phone:

Contractors

Contractor Type: Electrician
Name: Homeowner
Address:

Phone:

Fees and Receipts:

Number	Description	Amount
FEE2009-995	Residential Administrative Fee	\$55.00
FEE2009-996	Electrical Permits	\$39.00
FEE2009-997	sq ft (garage, deck, porches, e	\$95.04
Total Fees:		\$189.04

Description

Structure Use: Residential
Purpose: New Outbuilding
Construction Value:
Description: 3 Bay Garage / Storage

Any objection to the issuance of such permit is to be made to the Zoning Administrator within seven (7) days of from the above date.

TO BE POSTED FOR THE DURATION OF CONSTRUCTION

Building Official: George L. Coutwa
CRA

Date: 12-1-09