

## TOWN of SOUTH HAMPTON, NH BUILDING PERMIT THIS PERMIT MUST BE VISIBLY POSTED

Number \_\_\_\_\_

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hone number(s):			
0:			
on the property of ort	Typo o	f Construction	
All construction must be in accordance			
Signature of owner or agent			
			onsider the above signature
	mission to enter the p		<del>-</del>
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Town of South Hampton Building	Inspector		
Work cannot be started until the			
he designated inspector must app	prove the following	ng milestones:	
	<u>Inspector</u>	<u>Signed</u>	<u>Date</u>
nspection point	<u>Inspector</u> Health	<u>Signed</u>	<u>Date</u> 
nspection point eptic System (\$100)	· · · · · · · · · · · · · · · · · · ·	<u>Signed</u> 	<u>Date</u> 
nspection point eptic System (\$100) Vell (\$100)	Health	<u>Signed</u> 	<u>Date</u> 
nspection point eptic System (\$100) Vell (\$100) Oriveway (\$100) orms for the footings before concrete is cast	Health Health	<u>Signed</u> 	<u>Date</u> 
nspection point eptic System (\$100) Vell (\$100) Priveway (\$100) orms for the footings before concrete is cast	Health Health Planning Board	<u>Signed</u> 	<u>Date</u> 
nspection point eptic System (\$100) Vell (\$100) Oriveway (\$100)	Health Health Planning Board Building	<u>Signed</u> 	<u>Date</u>
nspection point eptic System (\$100) Vell (\$100) Priveway (\$100) Forms for the footings before concrete is cast inal foundation before back filling inal rough framing	Health Health Planning Board Building Building	<u>Signed</u>	<u>Date</u>
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