

TOWN OF LINCOLN NEW HAMPSHIRE

PLANNING BOARD ZONING BOARD OF ADJUSTMENT

LANNING & ZONING

I 4 I I D '4 NI I	Construction Control Affida	vit
Land Use Permit Number:	Applicant Name:	Do not write in this space.
	Applicant Name.	Date Received:
		Received by:
	(Street address)	[signed]
Map/Lot Number:		
Nature of Project:		
I, Architect O Plumber O Gas Fitter	Structural EngineerElectricianOil Heating Technician	being a registered professional Mechanical Engineer Fire Protection Engineer
	nal:	
With Registration Number:		
	2 2 2 2 2 CR 2 2 2 2 2 2	
I,	do not have to be a registered professional in the S	the general contractor,
Contractor – [Contractors	do not have to be a registered professional in the S	tate of New Hampshire.]
Hereby certify that I have prepare concerning:	d or directly supervised the preparation of all desig	n plans. Computations and specifications
Entire Project (if you are the		O Structural
O Plumbing O Fire Protection	ElectricalHVAC Installation	○ Mechanical○ Oil Heating Installation
Other:		O o in mountain
applicable provisions of all releva Code, and all acceptable engineer retaining walls greater than four for I further certify that I performed that all work proceeded in accordance have prepared for review by the L Upon completion of the work, I ho occupancy. Any work not conform	et and that, to the best of my knowledge, such plan int building codes including the NH State Building ing practices and all applicable laws and ordinance eet in height are subject to the NH State Building Come necessary professional services and was present ance with the specifications shown on any docume incoln Planning Board or the Town, relating to the ereby submit a final report as to the satisfactory coming to my original design plans, computations an of final inspection and an original stamp.	and Fire Codes and the NH Residential Energy is for the proposed use and occupancy. (All Code.) on the construction site as necessary to ensure into which I or someone under my supervision may portion of the project indicated above. In the project indicated above.
Print Name of Signatory	Signature	Date
County ofState of New Hampshire On this day of	. 20	
	(Prinstrument subscriber, personally appeared before	int Name) me and acknowledged that he/she executed the
Notary Public/Justice of the Peace	(Add Seal) My commiss	sion expires:

 Phone:
 (603) 745-8527
 PO Box 25
 Web: www.lincolnnh.org

 Fax:
 (603) 745-6743
 Lincoln NH, 03251-0025
 Email: planning@lincolnnh.org