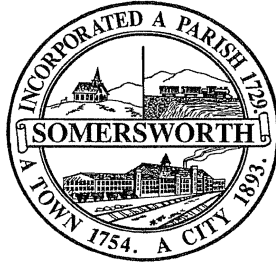


City of Somersworth



Commercial / Business Application for Certificate of Occupancy

All Businesses in Somersworth need to have a C/O posted on display at their location.
New Certificates of Occupancy are required for new structures and changes in Principle Use.

Instructions:

1. Fill out the application: Include site location, property owner info, business info, description of existing use as well as the proposed use, please list permit numbers if permits were issued to construct or alter the building in any way.
2. Please provide a "Sketch Plan" of the property.
3. After reviewing Section 20 of the Zoning Ordinance (attached), please sign the C/O application. Be sure to submit a Sign Permit to the Planning Office if you are changing, altering, or adding signage.
4. Please complete the Wastewater Survey Questionnaire and submit it to the Wastewater Treatment Plant.
5. Start obtaining signatures of approval. All signatures are required, unless specifically noted by the Code Officer. If there is no signature needed, please have a representative sign off that the item is N/A (not applicable).

- Waste Water Department..... 692-2418
- Fire Department..... 692-3457
- Backflow Inspection..... 692-9523
- Water Department 692-9523
- Public Works Director..... 692-4266

- Planning Department..... 692-9519*
- Building – Code Department..... 692-9520
- Electrical – Code Department ... 692-9520
- Plumbing – Code Department ... 692-9520

* For this item you may drop the application off at the Department of Development Services and we will circulate the application for review and approval.

6. If applicable, please include a copy of your Planning Board, Zoning Board and/or Site Plan Approval Letter. Please be advised that all components of a Site Plan must be done prior to issuance of a C/O.
7. **Please be advised that it may take five to seven business days to process your C/O Application,** once the application is complete and submitted to the code office. Incomplete applications will not be processed. Also, copies of State Licensing may be required or additional permits may be required. For more details, please contact the Code Office at 603-692-9520.
8. Please be advised that all projects are in some manner unique and in some cases additional items may be required.

Notice: If you are opening a Restaurant contact the State of New Hampshire Department of Health & Human Services, Bureau of Food Protection *immediately*. This C/O cannot be issued if you do not have your State License in place.

City of Somersworth
City Hall
1 Government Way
Somersworth, NH 03878
(603) 692-9522 Fax: 692-9575

Commercial / Business
Application for

(For Office Use Only)

Map # _____ Lot # _____

Zoning: _____

Certificate of Occupancy

Principle Use of Structure: _____
(From City of Somersworth Ordinances, Chpt. 19, Tables: 4.A.2, 4.A.4 or 4.A.5)

Property Location: _____

Property Owner Name: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ Best Means of Contact: _____

Business Name: _____

Business Owner Name: _____

Business Phone: _____ Best Means of Contact: _____

Please submit the following
Approval Letters:
(If applicable)

Planning Board ☐

Zoning Board ☐

Site Plan ☐

*Is this an existing building? If so please fill out
section "A" and section "B":*

Section "A" **Existing Conditions:**

Existing / Previous Use: _____

Previous Conditions: Bldg Total Total Used

of Units: _____

Sq Ft of Use: _____

Parking on site: (# of spaces) _____

For all applications, please fill out section "B".

Section "B" **Proposed Use:**

Description of Proposed Use: _____

Proposed Conditions: Bldg Total Total for your use

of Units: _____

Sq Ft of Proposed Use: _____

Parking on site: (# of spaces) _____

Building Permit # _____ Electrical Permit # _____ Driveway Permit # _____

Plumbing Permit # _____ Mechanical Permit # _____ Sewer Connection Permit # _____

Sketch Plan

Instructions:

- 1) Show the entire building and the unit that you intend to occupy.
- 2) Show as many of the measurements as you have available. Include all of the area associated with this C/O application. You must have the Sq Ft Area of the portion of the building that you intend to use.
- 3) Show the exterior parking available on site.
- 4) Some properties may require additional Floor Plans to be submitted as well.
- 5) Define areas of the building with a sprinkler system.

- Instructions:
- 1) Show the entire building and the unit that you intend to occupy.
 - 2) Show as many of the measurements as you have available. Include all of the area associated with this C/O application. You must have the Sq Ft Area of the portion of the building that you intend to use.
 - 3) Show the exterior parking available on site.
 - 4) Some properties may require additional Floor Plans to be submitted as well.
 - 5) Define areas of the building with a sprinkler system.

Sample Plan:

10 Ft 15 Ft

20 Ft

Unit 1
Storage
(200 sf)

Unit 1
Store Front
(300 sf)

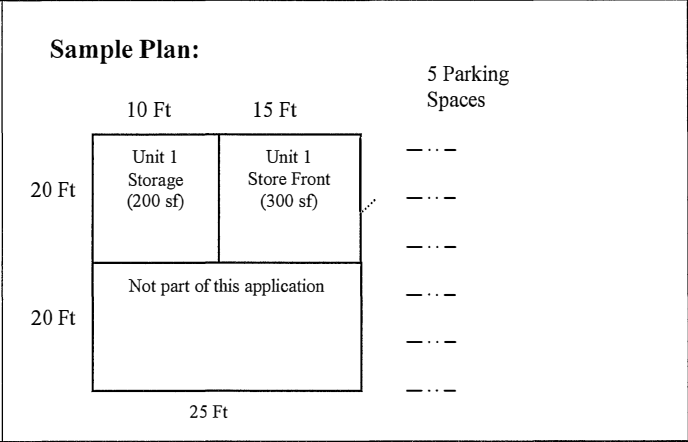
20 Ft

Not part of this application

25 Ft

5 Parking
Spaces

The diagram shows a rectangular building footprint. The top edge is divided into two segments: 10 Ft on the left and 15 Ft on the right. The left edge is divided into two segments: 20 Ft on top and 20 Ft on the bottom. The bottom edge is a single segment of 25 Ft. The building is divided into three sections: a top-left section labeled 'Unit 1 Storage (200 sf)', a top-right section labeled 'Unit 1 Store Front (300 sf)', and a larger bottom section labeled 'Not part of this application'. To the right of the building, there are five horizontal dashed lines, with the text '5 Parking Spaces' centered above them.

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin, light gray lines. The lines are spaced evenly both horizontally and vertically across the entire page, creating a continuous pattern of squares suitable for drawing or technical work. There are no margins, text, or other markings present.

Certificate of Occupancy – Signatures of Approval

Building Inspector: (692-9520) _____ Date: _____

Water Department Inspection: (692-9523) _____ Date: _____

Water/Sewer Billing Department: (692-9523) _____ Date: _____

Account # _____ Outstanding Balance _____ Sewer Connection Fee Paid _____

Water Connection Fee Paid _____

As determined by the Building Inspector no other signatures are required except ones asterisked

Fire Department: (692-3457) _____ Date: _____

Planning: (692-9519) _____ Date: _____

Electrical Inspector: (692-9520) _____ Date: _____

Public Works Director: (692-4266) _____ Date: _____

Second Inspection is required: Requested by: _____

Some properties require that a 2nd inspection be completed by the Fire Department and Building Department. If the box above has been checked then this property will require a 2nd Inspection by the Fire Department and/or Building Department before your C/O can be issued. Special

Instructions for the second inspection are as follows:

Fire Department (2nd Inspection): _____ Date: _____

Building Inspector (2nd Inspection): _____ Date: _____

(Finance Director Not required for all projects)

Finance Director (for release of surety, bond, Ltr of Credit): _____ Date: _____

The application is complete once all signatures are provided. Please allow five to seven business days to process the application and generate a Certificate of Occupancy. We will make every effort to get this processed as fast as possible.

Department of Development Services

Code Enforcement Office

Section 20 of the City of Somersworth Zoning Ordinance requires that a permit is obtained to erect signs within the City. The Zoning Ordinance defines a **sign** as "Any display of lettering, logos, colors, lights or illuminated neon tubes visible to the public from outside of a building or from a traveled way, which either conveys a message to the public, or intends to advertise, direct, invite, announce or draw attention to, directly or indirectly, a use conducted, goods, products, services, or facilities available, either on the lot or on any other premises, excluding window displays and merchandise".

The specific requirements on signage differ depending on the zoning district. Please direct inquiries to the Planning department regarding sign permits.

By signing below, you understand that a sign permit must be obtained prior to the display of any sign and you have received a copy of Somersworth Zoning Chapter 19, Section 20 Sign Regulations.

Applicant Signature _____

Date _____

For Code Office Use Only

Conditions of CO: _____

☐ Permanent

☐ Conditional

☐ Temporary, Date Expired: _____

Building Department Comments: _____

Edition of Code Used: _____

Design Occupant Load: _____

Sprinkler System: Installed ☐ Not Required ☐

Construction Type:

Type I ☐ Type II ☐ Mostly noncombustible material

Type III ☐ Exterior is noncombustible

Type IV ☐ Heavy Timber

Type V ☐ Code compliant material

- | | | |
|--------------------------|-----|--------------------------------------|
| <input type="checkbox"/> | A-1 | Assembly Use Group A-1 |
| <input type="checkbox"/> | A-2 | Assembly Use Group A-2 |
| <input type="checkbox"/> | A-3 | Assembly Use Group A-3 |
| <input type="checkbox"/> | A-4 | Assembly Use Group A-4 |
| <input type="checkbox"/> | A-5 | Assembly Use Group A-5 |
| <input type="checkbox"/> | B | Business Use Group B |
| <input type="checkbox"/> | E | Educational Use Group E |
| <input type="checkbox"/> | F-1 | Factory and Industrial Use Group F-1 |
| <input type="checkbox"/> | F-2 | Factory and Industrial Use Group F-2 |
| <input type="checkbox"/> | H-1 | High Hazard Use Group H-1 |
| <input type="checkbox"/> | H-2 | High Hazard Use Group H-2 |
| <input type="checkbox"/> | H-3 | High Hazard Use Group H-3 |
| <input type="checkbox"/> | H-4 | High Hazard Use Group H-4 |

- | | | |
|--------------------------|-----|---------------------------------------|
| <input type="checkbox"/> | H-5 | High Hazard Use Group H-5 |
| <input type="checkbox"/> | I-1 | Institutional Use Group I-1 |
| <input type="checkbox"/> | I-2 | Institutional Use Group I-2 |
| <input type="checkbox"/> | I-3 | Institutional Use Group I-3 |
| <input type="checkbox"/> | I-4 | Institutional Use Group I-4 |
| <input type="checkbox"/> | M | Mercantile Use Group M |
| <input type="checkbox"/> | R-1 | Residential Use Group R-1 |
| <input type="checkbox"/> | R-2 | Residential Use Group R-2 |
| <input type="checkbox"/> | R-3 | Residential Use Group R-3 |
| <input type="checkbox"/> | R-4 | Residential Use Group R-4 |
| <input type="checkbox"/> | S-1 | Storage Use Group S-1 |
| <input type="checkbox"/> | S-2 | Storage Use Group S-2 |
| <input type="checkbox"/> | U | Utility and Miscellaneous Use Group U |

To obtain the Wastewater Department's signature for a Certificate of Occupancy for any commercial business, the attached Wastewater Survey Questionnaire must be completed and returned to the Wastewater Treatment Plant between the hours of 7 a.m. and 3 p.m.

Contact person: Stephanie Rochefort or Jamie Wood

Address of Treatment Plant: 99 Buffumsville Road

Phone Number: 692-2418

e-mail: somersworthipp1@myfairpoint.net

Directions to the Wastewater Treatment Plant: Head down Main St. so that General Electric is on your left. After you pass General Electric, turn left onto River St. Then turn left onto Buffumsville Road. The Treatment Plant is the big fenced-in facility on the right-hand side.

Wastewater Survey Questionnaire
City of Somersworth

1. **Company Name:** _____
Mailing Address _____

Telephone: _____ **Fax:** _____
Email: _____

2. **Facility Address:** _____
If same as above Check ☐
Telephone: _____
If same as above Check ☐

3. **Contact Person:** _____ **Title:** _____
Telephone: _____ **Fax:** _____
Email: _____

4. **Type of Business** *Please Check all that apply to activities at your place of business.*

- ☐ Retail – describe type (to the right), _____
☐ Small Office – describe type (to the right) _____

If you Checked either Retail or Small Office for your business type and none of the descriptions below apply to your business, please answer Questions 5 & 6, and skip all other questions. Please be sure to sign and date this form prior to returning it.

- | | |
|---|--|
| <p><input type="checkbox"/> Motels/Hotels/Clubs
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease.</i></p> <p><input type="checkbox"/> Laboratory – Pharmacies
<i>Concern is hazardous materials, disposal of chemicals, potential for spills.</i></p> <p><input type="checkbox"/> Hospitals</p> <p><input type="checkbox"/> Doctor's Clinics</p> <p><input type="checkbox"/> Restaurants
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease</i></p> <p><input type="checkbox"/> Print & Photo Copy</p> <p><input type="checkbox"/> Garages/Full Service Gas Stations
<i>Concern is flushing of antifreeze contaminated with metals.</i></p> <p><input type="checkbox"/> Paint & Body Shops</p> <p><input type="checkbox"/> Industrial / Commercial Laundries</p> <p><input type="checkbox"/> Other – Describe principal activities or the nature of processes at the facility, in the space provided below.</p> | <p><input type="checkbox"/> Schools/Colleges/Universities
<i>Concern is efficiency of kitchen grease traps, frequency of clean out, disposal of grease.</i></p> <p><input type="checkbox"/> Laboratory – Commercial & Schools/Colleges/Universities
<i>Concern is hazardous materials, disposal of chemicals, potential for spills.</i></p> <p><input type="checkbox"/> Dental Clinics</p> <p><input type="checkbox"/> Photo Shops
<i>Concern is with silver recovery.</i></p> <p><input type="checkbox"/> Barrel Reclaimers</p> <p><input type="checkbox"/> Arts & Crafts Shops
<i>Concern is with paints & glazes (ceramic & other).</i></p> <p><input type="checkbox"/> Radiator Shops</p> <p><input type="checkbox"/> Transportation Facilities
<i>Concern is improper disposal of waste oils and inefficient grit traps.</i></p> <p><input type="checkbox"/> Waste Haulers</p> |
|---|--|

Wastewater Survey Questionnaire

City of Somersworth

5. Number of Employees:

6. **Operating Schedule:** hrs/day days/week

7. Standard Industrial Classification Code Number(s) and Classification(s) (if known):

8. **Average total monthly water usage in gallons** (*monthly water billings will usually show this*).

9. Is the building presently hooked to the sewer system? Y N

10. Are there floor drains present at your facility?	Y	N
--	---	---

11. Do you or will you use non-petroleum fats, oils or *greases* (cooking types of oil/grease) in your business? Y N

12. Do you or will you use petroleum oils or greases in your business? Y N

13. Grease trap present? Y N

14. Describe any pretreatment facilities or practices used to remove pollutants or protect the sewer.

15. Do you or will you store or use chemicals on site in excess of household quantities? Y N

16. Do you or will you discharge wastewater (other than domestic wastes from toilets, showers, etc.) to the sewer system? Y N

17. Do you or will you have an Accidental Spill Prevention Plan (ASPP) for your business? Y N

I certify that the information in this questionnaire is to the best of my knowledge true and complete. *[This statement must be signed by an official authorized to sign for the company – president, vice-president or owner.]*

Signature: _____

Date: _____

Title:

Print Name: _____

OFFICE USE ONLY

Additional information required?

Need to schedule site visit or other followup?	Y	N
---	---	---

Need to send an Industrial User permit application?	Y	N
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Wastewater Survey Questionnaire

www.somersworthnh.gov

City of Somersworth

HAZARDOUS WASTE INFORMATION / NOTIFICATION (make copies & attach additional sheets if necessary)

Type of Discharge:

#	Name of Waste	EPA Hazardous Waste Number	C – Continuous B – Batch, O - Other	Describe Other
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

If more than 100 Kilograms (220 pounds) of any hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

HAZARDOUS CONSTITUENT INFORMATION:[illegible]

