

**BIRCHWOOD HIDEAWAY  
ASSOCIATION**  
*Red Oak Road., White Birch Road., Hemlock Road.,  
Alder Point Road., and Pine Park Drive*  
**BARNSTEAD, NEW HAMPSHIRE**

**APPLICATION FOR BUILDING PERMIT**

Date: \_\_\_\_\_

I \_\_\_\_\_, the undersigned hereby apply for permission to make certain building improvements as described below. I understand that it must conform to the following Birchwood Hideaway requirements:

1. Must not be more than a single family dwelling.
2. Must be used for residential purpose only.
3. Must be a minimum of 480 square feet on ground floor excluding garage.
4. Must have inside bathroom facilities.
5. All construction and set backs are subject to the Town of Barnstead building regulations
6. All lots are subject to covenants specified in typical Birchwood Hideaway deed.

Name of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Position of Home on Lot:

Brief Description of Construction:

\_\_\_\_\_  
Birchwood Hideaway President signature

APPROVED    DISAPPROVED

\_\_\_\_\_  
Building Committee signature

\_\_\_\_\_  
Date

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NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PROPERTY LOCATION \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ MAP \_\_\_\_\_ LOT \_\_\_\_\_

FOUNDATION SIZE \_\_\_\_\_ TYPE \_\_\_\_\_  
SEPTIC APPROVAL# \_\_\_\_\_  
STYLE HOUSE \_\_\_\_\_

SQUARE FOOTAGE \_\_\_\_\_  
MODULAR: YES \_\_\_\_\_ NO \_\_\_\_\_

IF MODULAR:  
NAME OF MANUFACTURER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

Mobile home, single or double wide are allowed. If lot is on an  
Association Road, a driveway inspection must be made. A town  
permit must be obtained before construction can begin.

EXTERIOR SIDING \_\_\_\_\_  
BEDROOMS \_\_\_\_\_ DRIVEWAY SIZE \_\_\_\_\_

GENERAL CONTRACTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

Birchwood Hideaway Association restrictions and easements require  
setbacks from lot lines and the filing of this permit

DATE CONSTRUCTION WILL BEGIN \_\_\_\_\_  
(EXTERIOR MUST BE COMPLETED WITHIN 6 MONTHS  
UNDER DEEDED RESTRICTIONS

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE