

**BUILDING PERMIT APPLICATION FOR ERECTION
OF BUILDING ON A PRIVATE ROAD**

The undersigned are all of the owners of property located on _____, a Private Road. The undersigned obtained _____ title to the property as a result of a deed from _____ to the undersigned, which deed is dated the ____ day of _____, _____ and recorded in the Carroll County Registry of Deeds, Book _____ Page _____. The property is also identified on the Sandwich Tax Map as Map ____ Lot _____.

The undersigned applicants in making an application for a building permit for the erection of a building on a Private Road specifically acknowledge the following:

- A. Said roadway is not maintained, plowed, repaired or improved by the Town of Sandwich, nor is the Town of Sandwich liable for any damages resulting from the use of said roadway. By the issuance of a building permit, the Town does not assume any responsibility for the maintenance, plowing, repairing or improving of the roadway, nor does the Town assume any liability for any damages resulting from the use of the said roadway.
- B. The Town of Sandwich is not responsible for any inability to provide emergency services such as fire, police and ambulance services arising directly or indirectly out of the condition of the said roadway.
- C. The applicant assumes full responsibility for transporting children to the nearest regular school bus stop.
- D. The applicant will cause to be filed in the Carroll County Registry of Deeds. A recorded copy of this application will serve as notice of the limits of the Town of Sandwich's responsibility and liability.

Applicant (signature)	Applicant (printed name)	Date
Applicant (signature)	Applicant (printed name)	Date

State of _____
County of _____

Before me personally appeared the above who acknowledge that they executed the foregoing instrument.

Date	Notary Public
	My Commission Expires:

Fire Chief (signature)

Fire Chief (printed name)

Date Approved

Town Road Agent (signature)

Town Road Agent (printed name)

Selectman (signature)

Selectman (printed name)

Selectman (signature)

Selectman (printed name)

Selectman (signature)

Selectman (printed name)

State of New Hampshire
County of Carroll

Before me personally appeared the above who acknowledge that they executed the foregoing instrument.

Date

Notary Public

My Commission Expires: _____