



Department of Building Safety
 145 Main Street - Plaistow, NH 03865
 603-382-1191 X20 - Fax 603-382-7183
 email - dvoss@plaistow.com

FOR OFFICE USE ONLY:

Approved By: _____
 Date: _____ Fee: _____
 Map & Lot: _____ Permit #: _____

A. LOCATION OF BUILDING

Address of Construction: _____

R C

B. TYPE OF IMPROVEMENT & PROPOSED USE (please complete sections 1, 2, 3 & 4)

1. TYPE OF IMPROVEMENT

- _____ Single Family Dwelling
- _____ Duplex (Two Family Dwelling)
- _____ Condominium (No. Of units _____)
- _____ Addition (specify use **)
- _____ Remodel (specify use**)
- _____ Foundation Only (specify use**)
- _____ Other _____

****PROPOSED**

USE: _____
All applications require building plans to scale

2. DIMENSIONS OF IMPROVEMENTS

SIZE: _____ x _____ (Plus any additional measurements)

OF BEDROOMS _____ # OF BATHROOMS _____

OF PARTIAL BATHROOMS _____

3. PERMITTING

Electrical work to be done? _____ yes _____ no

Plumbing work to be done? _____ yes _____ no

Other: _____

4. TOTAL COST OF IMPROVEMENTS: \$ _____

C. CONSTRUCTION DETAILS

PRINCIPAL TYPE OF: (New Construction Only)

1. FRAME

- _____ Masonry (wall bearing)
- _____ Wood frame
- _____ Structural Steel
- _____ Reinforced Concrete
- _____ Other _____

2. HEATING FUEL

- _____ Gas
- _____ Oil
- _____ Electricity
- _____ Coal
- _____ Other _____

ZONING SETBACKS include sketch to scale

Required for all applications

Front: _____ Ft

Left Side: _____ Ft

Right Side: _____ Ft

Rear: _____ Ft

WETLANDS:

Required for all applications

Distance to closest wetland _____

FLOOD PLAIN INFORMATION

Flood Plain Y or N

BF E _____

D. IDENTIFICATION: TO BE COMPLETED BY ALL APPLICANTS

	NAME	MAILING ADDRESS / CITY / STATE / ZIP	TELEPHONE #
Owner or lessee			()
Contractor			()

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

SIGNATURE OF APPLICANT	ADDRESS (if different from above)	APPLICATION DATE
X		

OFFICE USE ONLY

School Impact Fees: \$2916.00	Recreation Impact Fees: \$469.54 per bedroom _____
Public Safety Impact (Residential): \$795.79	Public Safety Impact (Comm/Ind) \$1.01/sq ft. _____
State Approval #: _____	Driveway Permit: _____
Circle One, If Needed: Variance	Special Exception Appeal ZBA Approval: _____