



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

**FOR OFFICE USE ONLY:**

Approved By: \_\_\_\_\_  
 Date: \_\_\_\_\_ Fee: N/C  
 Map & Lot: \_\_\_\_\_ Permit #: \_\_\_\_\_

**A. LOCATION OF BUILDING**

**Address of Construction:**

**R C**

**B. TYPE OF IMPROVEMENT & PROPOSED USE (please complete highlighted sections)**

**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\*\*)
- X** **Other: ROOFING**

**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

BFE \_\_\_\_\_

**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: <b>\$2916.00</b>	Recreation Impact Fees: \$469.54 per bedroom _____
Public Safety Impact (Residential): <b>\$795.79</b>	Public Safety Impact (Comm/Ind) \$0.45/sq ft. _____
Roadway Impact Fee: \$5.00/linear foot _____	Waterline Impact Fee \$2.00/sq. ft.: _____
Route 125 Impact Fee: _____	Driveway Permit: _____ State Approval # _____
Circle One, If Needed: Variance	Special Exception Appeal ZBA Approval: _____