



Department of Building Safety
145 Main Street - Plaistow, NH 03865
603-382-5200 Ext-259 - Fax 603-382-7183
E-Mail - jingerson@plaistow.com

FOR OFFICE USE ONLY:

Date Rec'd: _____ Fee: \$ _____ Receipt: # _____ Check: # _____
Map & Lot: _____ Approved By: _____ Date: _____

A. GENERAL INFORMATION:

PROJECT ADDRESS:			UNIT:
	NAME	MAILING ADDRESS	TELEPHONE
Applicant			()
Property Owner			()
Contractor (W/Contact Name)			O () C ()

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

1. TYPE OF IMPROVEMENT (What are you building?) ____ Single Family Dwelling (NEW BUILD) ____ Duplex (Two Family Dwelling) ____ Condominium (No. Of units _____) ____ Commercial, New or Addition ____ Addition (Use: _____) ____ Remodel, Residential ____ Remodel, Commercial ____ Foundation Only ____ Other _____ Additional Information: _____ _____	2. DIMENSIONS OF IMPROVEMENTS (increase only) SIZE: _____ x _____ (Plus any additional measurements) <i>*Sheds of less than 200 sq. ft. do not require building plans, but permit must be obtained to ensure the structure meets all district set back requirements.</i> # OF BEDROOMS _____ # OF BATHROOMS _____ # OF PARTIAL BATHROOMS _____ 3. ADDITIONAL PERMITTING Electrical work to be done? _____ yes _____ no Plumbing work to be done? _____ yes _____ no Gas/Mechanical/HVAC/Other? _____ yes _____ no Please Specify Other: _____ 4. TOTAL COST OF IMPROVEMENTS: \$ _____
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All applications must include two (2) sets of drawings/plans and/or detailed scope of work except where noted in #2 of this section. Three (3) sets to scale for commercial.*

C. ZONING REQUIREMENTS (we cannot process the application without the info below)

1. ZONING SETBACKS Are you expanding/adding footprint? Y or N If NO , you may skip to the Section C.2 If YES , please fill in the following information and <u>provide a sketch</u> . The sketch should show: the shape of the property; the structures on the property (house, driveway, outbuildings, etc); where the new structure is proposed to be located; and the distance to the property lines <u>from the proposed structure</u> . Distance from <u>proposed structure</u> to property line: Left Side: _____ Ft Right Side: _____ Ft Front: _____ Ft Rear: _____ Ft Office Use: Zoning District: _____ PRD?: _____	2. WETLANDS SETBACK Are you expanding/adding footprint? Y or N If NO , you may skip to section C.3 If YES , please fill in the following information: Distance from proposed structure to closest wetlands: _____ 3. FLOODPLAIN INFORMATION Are you expanding/adding footprint? Y or N If NO , turn application form over and complete reserve side If YES , please fill in the following information: Flood Plain (Yes or No): _____ If YES , BFE: _____
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Signature of property owner is required*

CERTIFICATION and ACCEPTANCE OF LIABILITY

I hereby certify that by making, and signing, this application all applicable State and Local ordinances, regulations, and codes will be strictly adhered to.

I further certify that all work will be done by qualified persons and by licensed contractors where required by State Law.

I understand that it is my responsibility to ensure the safety of the job site and to request inspections of the project at appropriate phases and in a timely manner.

SIGNATURE OF APPLICANT	X	DATE:
*SIGNATURE OF PROPERTY OWNER (if different than applicant)	X	DATE:
Best contact when permit is ready to be picked up:	Name:	Phone: and/or Email:

Please Note the Following:

- Incomplete applications delay the review and permitting process for everyone and will not be accepted
- All fees are due at time of application we accept cash or check payable to The Town of Plaistow.
- Building Permit Applications may be mailed to this office, at the address shown on the front of this form and "Attn: Department of Building Safety" provided the payment is included and the application is complete and signed.
- You will be called (or emailed) once your building permit is ready to be picked up. We cannot mail permits unless you provide this office with a 9"X12" self-addressed envelope with adequate postage affixed
- The required inspections will be listed on your Building Permit Card
- Building Permit Cards MUST be on display and available for Inspector's signature during the entire construction process
- The Building Permit Card will be collected at the time of final inspection to be placed in the permanent records. We'll email you a copy upon request. If the card is lost there will be a \$25.00 replacement fee.
- If your project includes electrical, plumbing, gas, HVAC or other mechanical, such as ductwork, masonry, etc. please note those permits are NOT included with your building permit. A separate permit must be obtained by each contractor who is doing that work
- All Electricians, Plumbers and Gas Technicians must appear **in person** to obtain their permit and must show their State of New Hampshire **valid/current** license (and photo ID if there is no picture on that license)
- Homeowners may do their own electrical (*with exclusions) and plumbing providing the structure is their primary dwelling unit and they obtain a permit. In the interest of protecting the Health, Safety and Welfare of the Community, this office and The Town of Plaistow reserve the right to refuse a permit to any homeowner that we feel is not qualified to do the work for which they are seeking a permit. ****Please note:*** meters, service panels and pool wiring require master license: NO exceptions.
- The State of New Hampshire RSAs allows thirty (30) days for residential, and sixty (60) days for commercial building permits to be either approved and processed or denied; We do our best to process within a week. However, we will take the time necessary to properly review your application to ensure that it is being done safely and meets minimum code standards
- **PERMITS ARE REQUIRED BEFORE WORK STARTS. WORK STARTED PRIOR TO THE ISSUANCE OF A PERMIT, INCLUDING SUB-CONTRACTOR PERMITS, IS SUBJECT TO A \$100 FINE**
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OFFICE USE ONLY

**IMPACT FEES MAY BE ASSESSED FOR NEW CONSTRUCTION AND ADDITIONS (INCLUDING ADUS)
PLEASE REVIEW IMPACT FEE HAND OUT**

Circle One, If Needed: Variance _____ Special Exception _____ Equitable Waiver _____ Other Appeal _____
ZBA Approval: Date: _____ Case #: _____