



Department of Building Safety
145 Main Street - Plaistow, NH 03865
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FOR OFFICE USE ONLY:

Approved By: _____
Date: _____ Fee: **\$50.00**
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**)

☒ **Other: ROOFING ONLY
ICE & WATER SHIELD INSPECTION**

Incomplete applications cannot be processed

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 #
Property Owner			()
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

X

ADDRESS (if different from above)

APPLICATION DATE

OFFICE USE ONLY

See fee schedule on www.plaistow.com web site