



Department of Building Safety
 145 Main Street - Plaistow, NH 03865
 603-382-1191 X 20 - Fax 603-382-7183
 E-Mail - dvoss@plaistow.com

FOR OFFICE USE ONLY:

Approved By: _____
 Date: _____ Fee: **\$35.00/tent or canopy**
 Map & Lot: _____ Permit #: _____

A. LOCATION OF BUILDING

Address of Construction: _____

R C

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

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: TEMPORARY TENT/CANOPY**

**PROPOSED

USE: _____

All applications require building plans to scale

2. DIMENSIONS OF IMPROVEMENTS

SIZE: _____ x _____ (Plus any additional measurements)

OF BEDROOMS N/A # OF BATHROOMS N/A

OF PARTIAL BATHROOMS N/A

3. PERMITTING

Electrical work to be done? _____ yes XX no

Plumbing work to be done? _____ yes XX 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

**TO BE
LOCATED AS
PER PLANNING
BOARD APPROVED
SITE PLAN**

WETLANDS:

Required for all applications Per Site Plan

Distance to closest wetland _____

FLOOD PLAIN INFORMATION

Flood Plain Y or N

BFE _____ **Per Site Plan**

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) \$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: _____