



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: _____
 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: REPLACEMENT WINDOWS*****
Number of Windows: _____

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: \$ _____

*** Same size replacement – if size is different use the general application form and submit constructions details

C. CONSTRUCTION DETAILS

PRINCIPAL TYPE OF: (New Construction Only)

- | | |
|------------------------------|-------------------|
| 1. FRAME | 2. HEATING FUEL |
| _____ Masonry (wall bearing) | _____ Gas |
| _____ Wood frame | _____ Oil |
| _____ Structural Steel | _____ Electricity |
| _____ Reinforced Concrete | _____ Coal |
| _____ Other | _____ 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 X	ADDRESS (if different from above)	APPLICATION DATE
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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: _____