



Department of Building Safety
145 Main Street - Plaistow, NH 03865
603-382-5200 X600 - Fax 603-382-7183
E-Mail - jingerson@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
COMMERCIAL ONLY**

NUMBER OF TENTS/CANOPIES: _____

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**

**PRIOR PLANNING BOARD APPROVAL (MINOR
SITE PLAN AMENDMENT) OF LOCATION OF
TENT/CANOPY IS REQUIRED**

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

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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: _____