

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	:
Approved By:	_ Receipt <u>#</u>
Date:	_ Fee: \$35.00
Map & Lot:	Permit #:
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A. LOCATION OF BUILDING

II. ECCITION OF BEIEDING				
Address of Construction:				
B. TYPE OF IMPROVEMENT & PROPOSED USE				
1. TYPE OF IMPROVEMENT		NSIONS OF IMPRO	VENENTS	
Single Family Dwelling	SIZE:	X (Plus al	ny additional measurements)	
Duplex (Two Family Dwelling)	# OF DEI			
Condominium (No. Of units)		# OF BEDROOMS # OF BATHROOMS		
Addition (specify use **)	# OF PAI	# OF PARTIAL BATHROOMS		
Remodel (specify use**)				
Foundation Only (specify use**)		3. ****Electrical Permit required		
<u>X</u> Other: VINYL SIDING (ONLY)	****Elec	****Electrical work to be done? yes no		
	Plumbing	work to be done?	yes no	
All electrical work must be on separate permit	Other:	Other:		
	4. TOTA	L COST OF IMPRO	VEMENTS: \$	
C. CONSTRUCTION DETAILS		1		
PRINCIPAL TYPE OF: (New Construction			KS include sketch to scale	
1. FRAME 2. HEATIN	G FUEL	Required for all applica		
Masonry (wall bearing) Ga	ıs	Front:	Ft	
Wood frame Oil		Left Side:	Ft	
Structural Steel Ele	ectricity	Left blue.	I t	
Reinforced Concrete Co	oal	Right Side:	Ft	
Other Ot	ther			
		Rear:	Ft	
WETLANDS:	FLOO	D PLAIN INFORMA	TION	
		Plain Y or N		
Distance to closest wetland 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 confo				
SIGNATURE OF APPLICANT ADDRESS (i			APPLICATION DATE	
X				
OFFICE USE ONLY				
Received payment on, cash or check #				