



**Department of Building Safety**  
145 Main Street - Plaistow, NH 03865  
Phone 603-382-5200 Ext. 259 - Fax 603-382-7183  
E-Mail: inspections@plaistow.com

**FOR OFFICE USE ONLY:**

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_ Fee: **\$35.00**  
Map & Lot: \_\_\_\_\_ Permit #: \_\_\_\_\_

**A. LOCATION OF BUILDING**

**Address of Construction:** \_\_\_\_\_

**R C**

**B. TYPE OF IMPROVEMENT & PROPOSED USE**

**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: SIDING (ONLY)**

All electrical work must be submitted on the  
Electrical Permit Application

**2. DIMENSIONS OF IMPROVEMENTS**

SIZE: \_\_\_\_\_ x \_\_\_\_\_ (Plus any additional measurements)

# OF BEDROOMS \_\_\_\_\_ # OF BATHROOMS \_\_\_\_\_

# OF PARTIAL BATHROOMS \_\_\_\_\_

**3. Electrical Permit required** (If electrical removed/altered)

\*\*\*\*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.

<b>SIGNATURE OF HOMEOWNER</b> X	ADDRESS (if different from above)	APPLICATION DATE
<b>BEST CONTACT WHEN PERMIT IS READY TO BE PICKED UP</b>	PRINT NAME:	PHONE: E-MAIL: