



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: _____ 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 **)

X Other: REPLACEMENT WINDOWS***

Number of Windows:

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

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: \$ _____

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.

SIGNATURE OF APPLICANT X	ADDRESS (if different from above)	APPLICATION DATE
BEST CONTACT WHEN PERMIT IS READY TO BE PICKED UP	PRINT NAME:	PHONE: EMAIL:

NOTE: Condo Association letter of approval is required as part of the permit approval. Approval letter must have a signature.

