



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

FOR OFFICE USE ONLY:

Approved By: _____
Date: _____ Fee: **\$100.00**
Receipt # _____
Map & Lot: _____ Permit #: _____

A. LOCATION OF BUILDING

Address of Demolition: _____

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: DEMOLITION**

****STRUCTURE BEING DEMOLISHED:** _____

DIG SAFE NUMBER: _____

****PEST CONTROL CERTIFICATION MAY BE REQUIRED****

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.

PROPERTY OWNER SIGNATURE REQUIRED

X

ADDRESS (if different from above)

APPLICATION DATE

BEST CONTACT WHEN PERMIT IS READY TO BE PICKED UP

PRINT NAME:

PHONE:

EMAIL: