



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: **\$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 X	ADDRESS (if different from above)	APPLICATION DATE
BEST CONTACT WHEN PERMIT IS READY TO BE PICKED UP	PRINT NAME:	PHONE: E-MAIL: