

TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner:

Name: Gina M Surgenor Rev Trust Phone: 603 748 1367

Street: 48 Colby Hill Rd Email: sdsurgenor@gmail.com

City State Zip: Meriden NH 03770 Builder Email: _____

Project: Permit Type: (Check one) Building Zoning

Street Address: 48 Colby Hill Rd

Tax Map: 101 Lot Number: 7 Lot Acreage: 38.1 Zoning District: V21R2

Proposed project distances to property lines (in feet): Front: Rear: Side: Side:

State Approved Septic Design #: NA Driveway Permit #: _____

Please provide a written description of the project including appropriate dimensions: Solar Panels south roof of house, Road side Heat Pump.

Contractor Information:

Builder:	Electrician:	Plumber:
Name: <u>Revision</u>	Name: _____	Name: <u>ARC MECHANICAL</u>
Phone: _____	Phone: _____	Phone: _____

Applicant Signature: [Signature] Date: 10/16/22

Required Attachments: Drop off or mail Application documents to: Town of Plainfield, PO Box 380, Meriden, NH 03770
 Please provide a copy of plans detailing the project. Hand-drawn plans can be used if necessary.
 Permits cannot be issued without receipt of the proper fee. If you are unsure of the amount due or have any questions about your application, contact the town office (603-469-3201). email address: plainfield.ta@plainfieldnh.org

TOWN USE: Current Use: Yes / No ZBA: Yes / No PB: Yes / No

TOWN of PLAINFIELD ACTION

Approved _____ Denied

Reviewed and Approved By Building Inspector: [Signature]

Reviewed by Zoning Administrator: _____

Permit #: 2022-75 Date: 10-18-2022 Permit expiration date: 10-18-2023

