

TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner:						
Name: Laurie Atwater	Phone:	(603) 675-2815				
Street: 13 Westgate Rd	Email:	uvl.bookkeeping@gmail.com				
City State Zip: Plainfield NH 03781						
Project:	Permit Ty	pe: (Check one)				
Street Address: 13 Westgate Rd						
Tax Map: 108 Lot Number: 05	Lot Acreage: Z	oning District:				
Proposed project distances to property lines (in feet): Front: Rear: Side: Side:						
State Approved Septic Design #: Driveway Permit #:						
Please provide a written description of the project including appropriate dimensions:						
Contractor Information						
Contractor Information: Builder:	Electrician:	Plumber:				
Builder:	Electrician:	Plumber: Name:				
Builder: Name: ReVision Energy						
Builder: Name: ReVision Energy	lame: William Levay	Name:				
Builder: Name: ReVision Energy	lame: William Levay	Name:				
Builder: Name: ReVision Energy Phone: 603-679-1777 Applicant Signature:	lame: William Levay	Name: Phone: 12/3/2020				
ReVision Energy Phone: 603-679-1777 Applicant Signature: Required Attachments: Please provide a copy of plans detailing the project. Permits cannot be issued without receipt of the project.	hone: 603-679-1777 broject. If construction plans are not a	Name: Phone: 12/3/2020				
Builder: Name: ReVision Energy N Phone: 603-679-1777 P Applicant Signature: Required Attachments: Please provide a copy of plans detailing the project.	hone: 603-679-1777 broject. If construction plans are not a	Name: Phone: Date: 12/3/2020 available, attach a hand drawn map detailing the				
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