

NO FEE



# TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION

**Property Owner:**

Name:  Phone:

Street:  Email:

City State Zip:  Builder Email:

**Project:** **Permit Type:** (Check one)  Building  Zoning

Street Address:

Tax Map:  Lot Number:  Lot Acreage:  Zoning 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:**

<b>Builder:</b>	<b>Electrician:</b>	<b>Plumber:</b>
Name: <input type="text"/>	Name: <input type="text" value="Morgan Electric"/>	Name: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text" value="603-448-6227"/>	Phone: <input type="text"/>

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

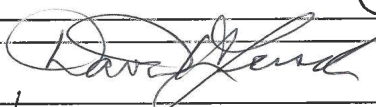
**Required Attachments:** Drop off or mail Application documents to: Town of Plainfield, PO Box 380, Meriden, NH 03770  
 Please provide a copy of plans detailing the project. Hand-drawn plans can be used if necessary.  
 Permits cannot be issued without receipt of the proper fee. If you are unsure of 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

Permit #:  Date:  Permit expiration date:

Reviewed and Approved By Building Inspector: 

Reviewed by Zoning Administrator: 