

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:

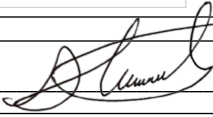
Proposed project distances to property lines (in feet): Front: Rear: Side: Side:

State Approved Septic Design #: Driveway Permit #:

Please provide a written description of the project including appropriate dimensions:

Contractor Information:

Builder:	Electrician:	Plumber:
Name: <input type="text"/>	Name: <input type="text"/>	Name: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>	Phone: <input type="text"/>

Applicant Signature:  Date: _____

Required Attachments:
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).

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

TOWN of PLAINFIELD ACTION

_____ Approved _____ Denied

Permit #: _____ Date: _____

Reviewed and Approved By Building Inspector

Reviewed by Zoning Administrator