TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner:		
Name:	Phone:	
Street:	Email:	
City State Zip:	Builder Email	
Project:	Permit Typ	oe: (Check one)
Street Address:		
Tax Map: Lot Number:	Lot Acreage: Zo	oning District:
Proposed project distances to property line	es (in feet): Front: Rear:	Side: Side:
State Approved Septic Design #:	Driveway F	Permit #:
Please provide a written description of the project including appropriate dimensions:		
Contractor Information:		
Contractor Information: Builder:	Electrician:	Plumber:
	Electrician: Name:	Plumber: Name:
Builder:		
Builder: Name:	Name: Phone:	Name:
Phone:	Name: Phone:	Name: Phone:
Required Attachments: Please provide a copy of plans detailing th	Phone: project. Hand-drawn plans can be used the proper fee. If you are unsure of the	Name: Phone: Date:
Required Attachments: Please provide a copy of plans detailing the Permits cannot be issued without receipt of	Phone: project. Hand-drawn plans can be used the proper fee. If you are unsure of the	Name: Phone: Date:
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06-17-2020

I inspected the rough in electrical wiring in the office space that is being renovated. Emily Electric was there and went over the work that was being done. looked okay.

Time 0.5