## TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner:					
Name: Laurie M. Atwater	Phone: 603-675-2121				
Street: P.O. Box 15	Email: aci.builds@comcast.net				
City State Zip: Plainfield, NH 03781	Builder Email Same				
Project:	Permit Type: (Check one) 💢 Building 🔲 Zoning				
Street Address: 13 Westgate Road					
Tax Map: 10% Lot Number: 5 Lot Acreage:	a 52 Zoning District: VR				
Proposed project distances to property lines (in feet):  Front: n/c	Rear: 50'+ Side: >15' Side: >15'				
State Approved Septic Design #: existing	Driveway Permit #: existing				
Please provide a written description of the project including appropriate dimensions:  Single Family Residential: Level 3 Alterations with additions.  See attached drawings.  NO New Tsedraws  Total = 3 exist for the project including appropriate dimensions:					
Contractor Information:					
Contractor Information:					
Contractor Information:  Builder: Electri	cian: Plumber:				
=0	cian: Plumber:				
Builder: Electri					
Ruilder: Electri Name: Atwater Construction, Inc. Name: TBD	Name: TBD				
Required Attachments: Drop off or mail Application documents to: To Please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the project.	Name: TBD  Phone:  Date: 17 2021  wn of Plainfield, PO Box 380, Meriden, NH 03770  ans can be used if necessary.				
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Required Attachments: Drop off or mail Application documents to: To Please provide a copy of plans detailing the project. Hand-drawn please provide a copy of plans detailing the proper fee. If you are application, contact the town office (603-469-3201). cmail address TOWN USE:  Current Use: Yes / No ZBA: Yes	Name: TBD  Phone:  Date: 1712021  wn of Plainfield, PO Box 380, Meriden, NH 03770  ans can be used if necessary. The unsure of the amount due or have any questions about your less: plainfield.ta@plainfieldnh.org				
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DATE:

**Permit Status (Permit or Renewal valid for one year from issue date)** Must be renewed within 30 days of expiration or a new permit must be applied for.

Permit # **Issued:** RENEWAL REQUIRED BY: NO INSPECTION REQUESTED LAST INSPECTION: YOUR PERMIT REQUIRED INSPECTIONS PER INSPECTION GUIDELINES. RETURN THIS FORM WITH RENEWAL FEE TO TOWN HALL. A CERTIFICATE OF OCCUPANCY WAS REQUIRED PRIOR TO OCCUPYIING YOUR HOUSE A CERTIFICATE OF COMPLETION WAS REQUIRED NAME: ADDRESS: ADDRESS: LOT:

David H Lersch Plainfield Building Inspector 603-381-1929

MAP: