

TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner:				
Name: Judy A Ptak	Phone: 603-667-1031			
Street: 727 Route 12A	Email: japtak@comcast.net			
City State Zip: Plainfield NH 03781				
Project:	Permit Type: (Check one)			
Street Address: 727 Route 12A				
Tax Map: 237 Lot Number: 13 Lot Ac	eage: 23 Zoning District: RR			
Proposed project distances to property lines (in feet):	t: 84.1 Rear: 760.4 Side: 444.7 Side: 543.5			
State Approved Septic Design #: Driveway Permit #:				
Please provide a written description of modules and 12 Enphase IQ7+ mic the project including appropriate dimensions:	d mounted solar array consisting of 12 REC 445w solar o inverters.			
Contractor Information:				
Builder:	Electrician: Plumber:			
Name: Granite State Solar Name: Nick Ha				
	ris Name:			
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Name: Granite State Solar Phone: 603-369-4318 Phone: 603-369 Applicant Signature: Required Attachments: Please provide a copy of plans detailing the project.	ris Name: -4318 Phone:			
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