

Rec'd #50 CR# 80337
12/12/20
301980
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TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION

Property Owner:

Name: Laurie Atwater Phone: (603) 675-2815

Street: 13 Westgate Rd Email: uvl.bookkeeping@gmail.com

City State Zip: Plainfield NH 03781

Project: Permit Type: (Check one) Building Zoning

Street Address: 13 Westgate Rd

Tax Map: 108 Lot Number: 05 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: Installation of a rooftop solar array, no change in use or footprint (see documents for construction plan)

Contractor Information:

Builder:	Electrician:	Plumber:
Name: ReVision Energy	Name: William Levay	Name:
Phone: 603-679-1777	Phone: 603-679-1777	Phone:

Applicant Signature: *William Levay* Date: 12/3/2020

Required Attachments:
 Please provide a copy of plans detailing the project. If construction plans are not available, attach a hand drawn map detailing the project.
 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~~

BOARD OF SELECTMEN ACTION

Approved Denied

Permit #: 2020-68 Date: 12-14-2020

David [Signature]
[Signature] ZA



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:

MAP:

LOT:

ADDRESS:

David H Lersch
Plainfield Building Inspector

603-381-1929

cc. Town files

