TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner: Phone: 603-298-8571 Name: Brett & Wendy Fadden Street: 603 Willow Brook RZ Email: Fallen 4@ Comcasid Nes City State Zip: Plain Field N.H. 0378/ adwbuilders @yaho.com Project: Permit Type: (Check one) Street Address: 603 Willow Brook RZ Tax Map: 2/6 Lot Number: 2/ Lot Acreage: 35 Zoning District: RR Proposed project distances to property lines (in feet): Front: 50 Rear: 1504 Side: 130 Side: 300 4 State Approved Septic Design #: Driveway Permit #: Please provide a Adding a 10'x15' 4 season Room written description of To The Back of Horse. the project including appropriate dimensions: **Contractor Information:** Plumber: Name: ADW Builders Name: Jason Bull Name: Phone: 603-523-4w8 Phone: 603-790-649 Phone: Applicant Signature: 5 **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 ewed and Approved By Building Inspector Approved Denied Permit #:__ Date:



STATUS OF EXPIRED PERMIT Expired:

603-381-1929

(Valid for one year from issue date)

Permit #		issued:/					
		NO INSPECTION REQUESTED					
		LAST INSPECTION:/					
		YOUR PERMIT REQUIRED INSPECTIONS TO ENSURE BUILDING CODES AND LIFE SAFETY CODES WERE MET.					
	IF WORK HAS NOT BEEN COMPLETED, A NEW PERMIT WILL REQUIRED FOR WORK TO CONTINUE.						
	A CERTFICATE OF OCCUPANCY IS REQUIRED PRIOR TO OCCUPYIING YOUR HOUSE						
		A CERTIFICATE OF COMPLETION IS REQUIRED					
NAME _							
ADDRESS _							
MAP/LOT _		ADDRESS					
Day	vell	Date:					

cc. Town files

David H Lersch

Plainfield Building Inspector