Face Paid

TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner:	2-1					
Name: Chris Sewell	Phone: 603-44-9897					
Street: Co5 Whitalien R	Email: Chaise Sowell speal red. Co					
City State Zip: PlaiNField NF	H 0378/					
Project:	Permit Type: (Check one) Building Zoning					
Street Address: SAND						
Tax Map: 252 Lot Number: 47.2						
Proposed project distances to property lines (in fee	Rear: Sot Side: Sot Side: 60					
State Approved Septic Design #:	Approved Septic Design #: Driveway Permit #:					
Please provide a written description of the project including appropriate dimensions:	40 Dettached Barage					
Contractor Information:						
Builder:	Electrician: Plumber:					
Name: Owner Name:	Electrician: Plumber: Name:					
	Name:					
Name: Owner Name:	Name:					
Name: Phone: Phone: Phone: Applicant Signature: Drop off or mail Application Please provide a copy of plans detailing the project	Phone: Date: Date: n documents to: Town of Plainfield, PO Box 380, Meriden, NH 03770 t. Hand-drawn plans can be used if necessary. Oper fee. If you are unsure of the amount due or have any questions about your					
Phone: Phone: Phone: Phone: Phone: Required Attachments: Please provide a copy of plans detailing the project Permits cannot be issued without receipt of the pro	Name: Phone: Date: n documents to: Town of Plainfield, PO Box 380, Meriden, NH 03770 t. Hand-drawn plans can be used if necessary. Oper fee. If you are unsure of the amount due or have any questions about your					
Name: Phone: Phone: Phone: Required Attachments: Please provide a copy of plans detailing the project Permits cannot be issued without receipt of the propopolication, contact the town office (603-469-3201) TOWN USE:	Phone: Date: Date: In documents to: Town of Plainfield, PO Box 380, Meriden, NH 03770 It. Hand-drawn plans can be used if necessary. Deper fee. If you are unsure of the amount due or have any questions about your email address: plainfield.ta@plainfieldnh.org					
Name: Phone: Phone: Applicant Signature: Required Attachments: Please provide a copy of plans detailing the project Permits cannot be issued without receipt of the pro application, contact the town office (603-469-3201) TOWN USE: Current Use: Yes / No	Phone: Date: Date: Dat					



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: