

TOWN OF DERRY PLANNING DEPARTMENT

CHANGE OF USE

EXPANSION OF USE

DATE OF SUBMISSION: _____

APPLICANT: _____

LOCATION: _____

PARCEL ID _____

Submission Requirements: Complete pages 1, 2, 3, & 4. Return to the Planning Department with a copy of the plot plan, parking/traffic flow plan, and a short business plan which describes the change in use or expansion, hours of operation, number of employees, etc. Any questions may be directed to the Planning Department at 603-432-6110. A notice will be returned to you once all departments have reviewed the application, outlining concerns or comments to be addressed. **You will also be advised at that time if Site Plan review by the Derry Planning Board is required.**

PROPOSAL

Change of Use From _____
To _____

Expansion of Use (if applicable) _____

Size of Addition (if applicable) _____ s.f.

Size of Existing Building _____ s.f.
(Attach site plan if available)

Conversion from residential to non-residential use? Yes ___ No ___

Consult Original Site Plan (if available) _____

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Property Owner _____

Address _____

City, State, Zip _____

Telephone _____

Developer/Applicant _____

Address _____

City, State, Zip _____

Telephone _____

Engineer/Surveyor _____

Address: _____

City, State, Zip: _____

Telephone _____

All Construction shall be in accordance with Town of Derry Ordinances, Regulations and Department Policies, procedures and specifications. It is the responsibility of the owner/applicant to be aware of these requirements.

The owner/applicant is responsible to notify Dig-Safe and obtain a Town of Derry Trench Opening permit prior to any excavations within the Town right of way or in the general vicinity of water/sewer or other underground utility lines.

NO municipal water/sewer work may begin without an approved Town of Derry water/sewer permit.

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PARKING

1. Number of spaces:

Existing _____ Additional _____ Total _____

2. Percent pavement expansion vs. open/green space _____

BUILDING

1. Lighting Existing _____ Proposed _____

2. Signage Existing _____ Proposed _____

3. Building Elevation (Provide sketch, Photograph)

4. Plot plan (Provide 8 1/2 x 11 sketch)

UTILITIES

Town Water ___ Private Well _____ Community Well _____

Town Sewer ___ Private Septic System _____ Community Septic System _____

Fire Protection Cistern _____ Size _____ Sprinkler System _____

Plumbing permit required? Yes _____ No _____

DRAINAGE

1. Increased drainage due to improvements? Yes _____ No _____

2. Lot Grading _____

3. Describe drainage flow _____

LANDSCAPING

1. Plantings Existing _____ Proposed _____

2. Loam & Seeding Yes _____ No _____

PREPARED BY _____ DATE _____

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DERRY FIRE DEPARTMENT COMMUNICATIONS CENTER

Proudly Serving Auburn, Chester, Derry, & Windham



PROPERTY EMERGENCY CONTACT INFORMATION

Date: _____

Business Name: _____

Business Address: _____ Unit #: _____

Town: _____ State: _____ Zip: _____

Phone: Office _____ Fax _____

Business Owner: _____

Business Owner's Address: _____

Town: _____ State: _____ Zip: _____

Phone: Office _____ Home _____ Mobile _____

Email: _____

Check if business owner's information is the same as the building owner's information

Building Owner: _____

Building Owner's Address: _____

Town: _____ State: _____ Zip: _____

Phone: Office _____ Home _____ Mobile _____

Email: _____

Building Maintenance Employee or Answering Service: _____

Phone: Office _____ Home _____ Mobile _____

If your building or business is monitored by an alarm company, please fill out the following:

Alarm Company Name: _____

Alarm Company Phone: (24/7 #) _____

131 East Broadway Derry, NH 03038 • firealarm@derrynh.org • Office (603)432-6121 • Fax (603)432-6752

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DERRY FIRE DEPARTMENT COMMUNICATIONS CENTER

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Representatives to be contacted by the Fire Department during an emergency:

First Person to Call: _____ **Relation:** _____

Home: _____

Office: _____

Mobile: _____

Email: _____

Second Person to Call: _____ **Relation:** _____

Home: _____

Office: _____

Mobile: _____

Email: _____

Third Person to Call: _____ **Relation:** _____

Home: _____

Office: _____

Mobile: _____

Email: _____

Fourth Person to Call: _____ **Relation:** _____

Home: _____

Office: _____

Mobile: _____

Email: _____

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HIGHWAY/DRAINAGE:

Attachments? Y ___ N ___

By: _____ Date: _____

WATER/SEWER:

Attachments? Y ___ N ___

By: _____ Date: _____

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INTERNAL USE ONLY

Please review with regard to compliance with all applicable building codes, regulations and zoning ordinances. Comments and concerns can be noted below for inclusion in the applicant file. Conditions of approval will be noted on the notice returned to the applicant once all departments have completed review of the application.

CODE ENFORCEMENT

DATE _____

Robert Mackey, Director (or designee) _____

Attachments? Y___N___

HEALTH DEPARTMENT REVIEW REQUIRED Y_____ N_____

COMMENTS _____

HEALTH DEPARTMENT APPROVAL: Attachments? Y___N___

COMMENTS _____

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PLANNING DEPARTMENT

DATE _____

George Sioras, Director _____

Attachments? Y___N___

COMMENTS
