

CHANGE OF USE ☐ EXPANSION OF USE ☐ NEW TENANT ☐ NEW OWNER ☐

DATE OF SUBMISSION: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PARCEL ID \_\_\_\_\_

Submission Requirements:

- ☐ Complete pages 1, 2, 3, & 4.
- ☐ Return the completed pages 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.
- ☐ Attach a copy of the current State of NH, Certificate of Good Standing
- ☐ A notice will be returned to you once all departments have reviewed the application, outlining concerns or comments to be addressed. **You will be advised at that time if Site Plan review by the Derry Planning Board is required.**

**PROPOSAL** Provide a description of what you intend to do. For example, hours of operation, type of business, anticipated number of customers, etc. Please describe your business as fully as possible.

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**Number of Employees:** \_\_\_\_\_

**Change:** Prior Business \_\_\_\_\_

New Business \_\_\_\_\_

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](mailto:firealarm@derrynh.org) • Office (603)432-6121 • Fax (603)432-6752

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**DERRY FIRE DEPARTMENT COMMUNICATIONS CENTER***Proudly Serving Auburn, Chester, Derry, & Windham***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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**INTERNAL USE ONLY**

**DEPARTMENT OF PUBLIC WORKS**

Derry, New Hampshire

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**HIGHWAY/DRAINAGE:**

Attachments? Y\_\_\_\_N\_\_\_\_

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By: \_\_\_\_\_ Date: \_\_\_\_\_

**WATER/SEWER:**

Attachments? Y\_\_\_\_N\_\_\_\_

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By: \_\_\_\_\_ Date: \_\_\_\_\_

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**ENVIRONMENTAL APPROVAL:**

Attachments? Y\_\_\_N\_\_\_

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By:\_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL REVIEW/DEPARTMENTAL APPROVAL:**

Attachments? Y\_\_\_N\_\_\_

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By:\_\_\_\_\_ Date: \_\_\_\_\_

***Signatures represent that the Department has reviewed the information provided therein relative to compliance with DPW requirements, regulations, ordinances, facility/master/capital plans and general policies. The Department does not represent the design information to be accurate.***



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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 \_\_\_\_\_

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**HEALTH DEPARTMENT APPROVAL:** Attachments? Y\_\_\_N\_\_\_

COMMENTS \_\_\_\_\_

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**FIRE DEPARTMENT**

DATE \_\_\_\_\_

Lt. Michael Stanhope, Derry Fire Dept. (or designee)

Attachments? Y\_\_\_\_N\_\_\_\_

## COMMENTS

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**POLICE DEPARTMENT**

DATE \_\_\_\_\_

Capt. George Feole (or designee) \_\_\_\_\_

Attachments? Y\_\_\_N\_\_\_

## COMMENTS

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**INTERNAL USE ONLY**

## PLANNING DEPARTMENT

[illegible]