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, Registration of Trade Name Certificate/Application
☐ 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.

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) _________________________________
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.
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 ________
TOWN OF DERRY PLANNING DEPARTMENT

$25.00 fee

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

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
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: ________________________
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.

DEPARTMENT OF PUBLIC WORKS

PLEASE PRINT

Parcel ID: ___________________  Project Title: ______________________

<table>
<thead>
<tr>
<th>Division</th>
<th>Representative</th>
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</thead>
<tbody>
<tr>
<td>Engineering/Escrow/Inspections</td>
<td>Mark L’Heureux, Engineering Coordinator</td>
</tr>
<tr>
<td>Highway/Drainage</td>
<td>Alan Côté, Superintendent of Operations</td>
</tr>
<tr>
<td>Water/Sewer</td>
<td>Tom Carrier, Deputy Director</td>
</tr>
<tr>
<td>Environmental</td>
<td>Craig Durrett, Environmental Engineer</td>
</tr>
<tr>
<td>General Review/Dept. approval</td>
<td>Mike Fowler, Director</td>
</tr>
</tbody>
</table>

I have reviewed the above referenced site/subdivision plan relative to the requirements of the Division which I represent and note the following:

ENGINEERING: Attachments?  Y    N

________________________________________  ____________________________________
By:                                                                 Date:

HIGHWAY/DRAINAGE: Attachments?  Y    N
<table>
<thead>
<tr>
<th>CHANGE OF USE</th>
<th>EXPANSION OF USE</th>
<th>NEW TENANT</th>
<th>NEW OWNER</th>
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</table>

By: _____________________________  Date: ______________

**WATER/SEWER:**
Attachments?  Y____ N____

By: _____________________________  Date: ______________
TOWN OF DERRY PLANNING DEPARTMENT

CHANGE OF USE ❑ EXPANSION OF USE ❑ NEW TENANT ❑ NEW OWNER ❑

ENVIRONMENTAL APPROVAL: Attachments? Y ___ N ___

By: ___________________________ Date: ______________

GENERAL REVIEW/DEPARTMENTAL APPROVAL: Attachments? Y ___ N ___

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.
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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INTERNAL USE ONLY

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FIRE DEPARTMENT

DATE ________________________________

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

Attachments? Y___N____

COMMENTS

_________________________________________________________________________

_________________________________________________________________________

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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.

POLICE DEPARTMENT

DATE ________________________________

Capt. George Feole (or designee) ______________________________________________

Attachments? Y____ N____

COMMENTS

__________________________________________________________________________

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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.

PLANNING DEPARTMENT

DATE _________________________________

George Sioras, Director _________________________________

Attachments?  Y___N ____

COMMENTS

________________________________________________________________________________________

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