

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](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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**DEPARTMENT OF PUBLIC WORKS**

PLEASE PRINT

Parcel ID: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Distribution**

<u>Division</u>	<u>Representative</u>	<u>Date</u>
Engineering/Escrow/Inspections	Mark L'Heureux, Engineering Coordinator	
Highway/Drainage	Alan Côté, Highway Coordinator	
Water/Sewer	Tom Carrier, WWW Superintendant	
Environmental	Craig Durrett, Environmental Engineer	
General Review/Dept. approval	Mike Fowler, Director	

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\_\_\_\_

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

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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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**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 \_\_\_\_\_

**Captain Scott Jackson, 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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**PLANNING DEPARTMENT**

DATE \_\_\_\_\_

George Sioras, Director \_\_\_\_\_

Attachments? Y \_\_\_ N \_\_\_

COMMENTS

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