

CHANGE OF USE EXPANSION OF USE NEW TENANT NEW OWNER

PLEASE ALLOW ≥ TWENTY (20) BUSINESS DAYS FOR PROCESSING

DATE OF SUBMISSION: _____

APPLICANT: _____

LOCATION: _____

PARCEL ID _____

Submission Requirements:

- Complete pages 1, 2, 3, 4 & 5.
- 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. Attach additional pages if necessary.

Number of Employees: _____

Change: Prior Business Name _____
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) _____

CHANGE OF USE EXPANSION OF USE NEW TENANT NEW OWNER

Property Owner _____

Address _____

City, State, Zip _____

Telephone _____

Developer/Applicant _____

Address (Home Address) _____

City, State, Zip _____

Telephone _____

Engineer/Surveyor (if applicable) _____

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)
- 5. Commercial Kitchen ___N ___ Y [New Construction ___ Renovation___]

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 _____

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 #) _____

CHANGE OF USE EXPANSION OF USE NEW TENANT NEW OWNER



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: _____

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

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HIGHWAY/DRAINAGE:

Attachments? Y ___ N ___

By: _____ Date: _____

WATER/SEWER:

Attachments? Y ___ N ___

By: _____ Date: _____

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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.

CHANGE OF USE EXPANSION OF USE NEW TENANT NEW OWNER

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 _____

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HEALTH DEPARTMENT APPROVAL:

Attachments? Y ___ N ___

Courtney Bogaert: _____

COMMENTS _____

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FIRE DEPARTMENT

DATE _____

Director David Eastman, Derry Fire Dept. (or designee)

Attachments? Y___N___

COMMENTS

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POLICE DEPARTMENT

DATE _____

Capt. David Michaud (or designee) _____

Attachments? Y___N___

COMMENTS

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PLANNING DEPARTMENT

DATE _____

George Sioras, Director _____

Attachments? Y___N___

COMMENTS

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ECONOMIC DEVELOPMENT

DATE _____

Beverly Donovan, Director _____

Attachments? Y___N___

COMMENTS
