TOWN OF DERRY PLANNING DEPARTMENT

$50.00 fee

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) ________________________________

Internal Department Review  Page 1 of 14  Derry, New Hampshire
REVISED 02/27/2024
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
   - New Construction ☐
   - Renovation ☐
   - N ☐ Y ☐

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 ____________
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@derry nh.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: ___________________________
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: _____________________

Distribution

<table>
<thead>
<tr>
<th>Division</th>
<th>Representative</th>
<th>Date</th>
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<tbody>
<tr>
<td>Engineering/Escrow/Inspections</td>
<td>Mark L'Heureux, Engineering Coordinator</td>
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<tr>
<td>Highway/Drainage</td>
<td>Alan Côté, Superintendent of Operations</td>
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<tr>
<td>Water/Sewer</td>
<td>Tom Carrier, Deputy Director</td>
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<tr>
<td>Environmental</td>
<td>Craig Durrett, Environmental Engineer</td>
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<tr>
<td>General Review/Dept. approval</td>
<td>Mike Fowler, Director</td>
<td></td>
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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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<tr>
<th>HIGHWAY/DRAINAGE:</th>
<th>Attachments?</th>
<th>Y</th>
<th>N</th>
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<tr>
<td>By: ___________________________</td>
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<tr>
<th>WATER/SEWER:</th>
<th>Attachments?</th>
<th>Y</th>
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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.
INTERNAL USE ONLY

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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

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

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