TOWN OF DERRY PLANNING DEPARTMENT

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.

_____________________________________________________

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 ____________________________________________

_____________________________ ___________________________  DATE _________

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 #) _________________________
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@derry nh.org • Office (603)432-6121 • Fax (603)432-6752
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: ______________________

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: ________________
TOWN OF DERRY PLANNING DEPARTMENT  

$25.00 fee

CHANGE OF USE  EXPANSION OF USE  NEW TENANT  NEW OWNER

HIGHWAY/DRAINAGE:  
Attachments?  Y____ N____

____________________________________________________________________

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____________________________________________________________________

By: ________________________________  Date: __________________

WATER/SEWER:  
Attachments?  Y____ N____

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By: ________________________________  Date: __________________
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.
TOWN OF DERRY PLANNING DEPARTMENT

$25.00 fee

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 Provencher:_________________________________________________________________

COMMENTS

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FIRE DEPARTMENT

DATE ________________________________

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

Attachments?  Y___ N____

COMMENTS

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INTERNAL USE ONLY

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POLICE DEPARTMENT

DATE ____________________________

Capt. George Feole (or designee) ________________________________

Attachments? Y___ N____

COMMENTS

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INTERNAL USE ONLY

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PLANNING DEPARTMENT

DATE _____________________________

George Sioras, Director _____________________________

Attachments? Y ___ N ___

COMMENTS

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