



**CITY OF MANCHESTER**  
**PLANNING & COMMUNITY DEVELOPMENT**

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**APPLICATION FOR PLAN REVIEW**  
**AND BUILDING PERMIT**

<b>LOCATION OF BUILDING</b>	ADDRESS _____	ZONING DISTRICT _____
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<b>OWNERSHIP</b>	<input type="checkbox"/> Private (Individual, Corporation, Non-Profit, etc.)	<input type="checkbox"/> Public (Federal, State, County or City Government)
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<b>TYPE OF PERMIT</b>	<input type="checkbox"/> New Building , Building Additions <input type="checkbox"/> Renovations (No Increase in Building Area) <input type="checkbox"/> Repair or Replacement (Fire, Roofing, Siding, etc.) <input type="checkbox"/> Occupancy (Including Change of Owner or Business Name)	<input type="checkbox"/> Pavement/Parking <input type="checkbox"/> Foundation in Advance <input type="checkbox"/> Accessory Structure <input type="checkbox"/> Demolition (Entire or Partial Structure)	<input type="checkbox"/> Other
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<b>DESCRIPTION OF WORK:</b>	_____ _____ _____ _____
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BUILDING INFORMATION (Proposed Use - For Demolition, indicate most recent use.)		
<u>Residential:</u> <input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input type="checkbox"/> Multi Family # Units: _____ <input type="checkbox"/> Hotel, Motel, Dormitory # Units: _____ <input type="checkbox"/> Accessory Structure	<u>Commercial:</u> <input type="checkbox"/> Public Assembly (Church, Theater, Music or Dance Center) <input type="checkbox"/> Restaurant or Night Club <input type="checkbox"/> Education <input type="checkbox"/> Public Utility <input type="checkbox"/> Industrial (Factory, Manufacturing) <input type="checkbox"/> Day Care (5+ Children under 2-1/2) (5+ Children over 2-1/2) <input type="checkbox"/> Hospitals, Healthcare (Other than Outpatient Clinic) <input type="checkbox"/> Business Office	<input type="checkbox"/> Hazardous Material Storage <input type="checkbox"/> Elderly Housing (Supervised) <input type="checkbox"/> Retail <input type="checkbox"/> Service Station, Repair Garage <input type="checkbox"/> Telecommunications Tower <input type="checkbox"/> Storage Tanks <input type="checkbox"/> Other (specify) _____

BUILDING DATA	COST OF IMPROVEMENT
<u>Building Dimensions:</u> Largest Floor Area: _____ Number of Stories: _____ Height in Feet: _____	Building Construction _____ Electrical _____ Plumbing _____ Mechanical _____ Elevator _____ <b>TOTAL COST:</b> \$ _____
<u>Construction Type:</u> <input type="checkbox"/> Wood Frame <input type="checkbox"/> Heavy Timber <input type="checkbox"/> Masonry Walls/Wood Floor and Roof <input type="checkbox"/> Noncombustible (Without Fire Protected Structure) <input type="checkbox"/> Noncombustible (With Fire Protected Structure)	

<u>Building Features:</u> <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Standpipe System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> Smoke Control System <input type="checkbox"/> Fire Command Center	<u>Principal Heating Fuel:</u> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Wood	<u>Water Supply:</u> <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Well) <u>Sewage Disposal:</u> <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Septic Tank)
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NO. \_\_\_\_\_ STREET \_\_\_\_\_ APPLICATION/PERMIT NO. \_\_\_\_\_

