

**SITE PLAN DETERMINATION
CHANGE OF USE and/or EXPANSION**

DATE OF SUBMISSION: _____

APPLICANT: _____

LOCATION: _____

PARCEL ID _____

Submission Requirements: Complete pages 1, 2, 3, & 4. Return to Community Development 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 Community Development 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 Emergency Communications Center
Proudly Serving Auburn, Chester, Derry, Hampstead, & Windham

Emergency Contact

Date: _____

Derry Business Name: _____

Business Address: _____ Town: _____ State: _____ Zip: _____

Business Phone: (W) _____ (Fax) _____

Business Owner: _____

Owner's Address: _____ Town: _____ State: _____ Zip: _____

Owner's Phone: (W) _____ (H) _____ (C) _____

Check if Business owner information is same as Building Owner information.

Building Owner: _____

Building Owner's Address: _____ Town: _____ State: _____ Zip: _____

Building Owner's Phone: (W) _____ (H) _____ (C) _____

Building Maintenance: (Contact) _____

Phone: (H) _____ (W) _____ (C) _____

Representatives to Call In case of Emergency:

First Person to Call: _____ Relation: _____

Phone: (H) _____ (W) _____ (C) _____

Second Person to Call: _____ Relation: _____

Phone: (H) _____ (W) _____ (C) _____

Third Person to Call: _____ Relation: _____

Phone: (H) _____ (W) _____ (C) _____

Fourth Person to Call: _____ Relation: _____

Phone: (H) _____ (W) _____ (C) _____

If your building or business is protected by a Central Alarm company please fill out the following:

Alarm Company Name: _____

Alarm Company Phone: (24/7 #) _____

FOR OFFICE USE ONLY	
Date Entry	Date
Fire Prevention	
Red Alert	
Rolodex	

Fire Administration • 14 Manning St Derry, NH 03038 • (603)432-6751 • Fax (603)537-9216
Fire Prevention • 14 Manning St Derry, NH 03038 • (603)432-6148 • Fax (603)432-6109
Emergency Communications • 131 East Broadway Derry, NH 03038 • (603)432-6121 • Fax (603)432-6752

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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.

DEPARTMENT OF PUBLIC WORKS

PLEASE PRINT

Parcel ID: _____

Project Title: _____

Distribution		
Division	Representative	Date
Engineering/Escrow/Inspections	Mark L'Heureux, Engineering Coordinator	
Highway/Drainage	Alan Côté, Highway Coordinator	
Water/Sewer	Tom Carrier, WWW Superintendant	
Environmental	Craig Durett, 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 ___

By: _____ Date: _____

HIGHWAY/DRAINAGE: Attachments? Y ___ N ___

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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.

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CODE ENFORCEMENT

DATE _____

Robert Mackey, Director (or designee) _____

Attachments? Y___N___

HEALTH DEPARTMENT REVIEW REQUIRED Y___ N___

COMMENTS _____

HEALTH DEPARTMENT APPROVAL: Attachments? Y___N___

COMMENTS _____

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POLICE DEPARTMENT

DATE _____

Capt. George Feole (or designee) _____

Attachments? Y___N___

COMMENTS

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COMMUNITY DEVELOPMENT/PLANNING DEPARTMENT

DATE _____

George Sioras, Director _____

Attachments? Y ___ N ___

COMMENTS
