



**Town Of Wilton**  
**Building Department**  
 42 Main Street • P.O. Box 83 • Wilton, NH 03086  
 Phone: (603) 654-3960 • Fax: (603) 654-6663

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

Application Date <u>6 / 14 / 22</u>	<input type="checkbox"/> DRIVEWAY APPROVAL <input type="checkbox"/> SEPTIC APPROVAL <input type="checkbox"/> ENERGY APPROVAL <input type="checkbox"/> SITE PLAN APPROVAL <input type="checkbox"/> 2 SETS OF PLANS	Is Owner Applicant <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Applicant email: <u>monadnock canine@gmail.com</u>
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**PROPERTY INFORMATION**

Number <u>604</u>	Street Name <u>Gibbons Hwy</u>	Bldg. _____ Floor _____	Lot Number <u>F-169</u>	Zoning
Subdivision Name		Use Group <input type="checkbox"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Other

**OWNER INFORMATION**

Name or Name of Business <u>Kathryn Heikkila (Kt's Mobile Grooming dba M.C.C.)</u>	Telephone No. <u>603-924-1627</u>			
Number <u>604</u>	Street Name <u>Gibbons Hwy</u>	City <u>Wilton</u>	State <u>NH</u>	Zip <u>03086</u>

**CONTRACTOR INFORMATION**

	NAME OF CONTRACTOR	ADDRESS, CITY, STATE, ZIP	TELEPHONE NO.
Architect			
General Contractor	<u>D.C. Construction</u>	<u>7 Apple dr. Townsend MA</u>	<u>978-956-3260</u>
Electrical			
Plumbing			
Sewer/Septic			
Mechanical			
Sprinkler			
Fire Alarm			

**DESCRIPTION OF WORK**

Estimated Start 6 / 25 / 22 Estimated Finish \_\_\_\_\_ Estimated Value \$ \$ 2200 supplies

**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY**

Application Received <u>6 / 14 / 22</u>	Application Complete _____
Building Permit: <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Denied	
Hold For: <input type="checkbox"/> Driveway Permit <input type="checkbox"/> Septic System Approval <input type="checkbox"/> Other _____	
Permit Fee: Building Department \$ <u>100.00</u>	Burners \$ _____ Total Fee \$ _____
Building Permit No. _____	Building Permit Issued: _____
Approved by: <u>[Signature]</u>	Date: <u>6 / 30 / 22</u>

<b>TYPE OF CONSTRUCTION</b> (Per IBC Chapter 6) CIRCLE ONE 1A 1B 2A 2B 3A 3B 4 5A 5B <hr/> Any Wetlands on this Site: ___ Y ___ N <hr/> Structure Located in Flood Plain ___ Y ___ N <hr/> <b>IMPROVEMENT TYPE:</b> ___ NEW CONSTRUCTION ___ ADDITION ___ ALTERATION ___ REPAIR REPLACEMENT ___ DEMOLITION ___ RELOCATION	<b>PROPOSED USE:</b> <b>ASSEMBLY</b> ___ Theater (A-1) ___ Night Club (A-2) ___ Other _____ ___ Restaurant (A-2) ___ Church (A-3) <b>BUSINESS (B)</b> ___ Post 12 <sup>th</sup> grade <b>EDUCATIONAL (Grades 1-12 (E))</b> ___ Day Care Facility <b>Mercantile (M)</b> <b>FACTORY</b> ___ Moderate Hazard (F-1) ___ Low Hazard (F-2) ___ HIGH HAZARD (H)	<b>INSTITUTIONAL</b> ___ Group Home (I-1) ___ Hospital (I-2) ___ Jail (I-3) ___ Day Care (I-4) <b>RESIDENTIAL</b> ___ Hotel, Motel (R-1) ___ Multi-Family (R-2) ___ Two-Family (R-3) ___ Single Family (R-4) <b>STORAGE</b> ___ Moderate Hazard (S-1) ___ Low Hazard (S-2) ___ Utility (U) <b>SPECIAL USE (Specify)</b> _____
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**FRAME TYPE**

Steel	Masonry	Concrete	Wood <input checked="" type="checkbox"/>	Other _____
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**EXTERIOR WALLS**

Steel	Masonry	Concrete	Wood <input checked="" type="checkbox"/>	Other _____
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	Number of Feet	Stories	Number of	Square Feet of
Frontage				Lot Area
Front Setback		Bedrooms		Foundation Area
Rear Setback		Full Baths		Finished Area
Left Setback		Partial Baths		Basement Area
Right Setback		Fireplace/Fuel Type	/	Garage Area
Wetland Setback		Garage - Attached		
Building Height		Garage - Under		Deck
Number of Residential Units		Garage - Detached		
		Outside Parking		

**IS WORK ON THE FOLLOWING SYSTEMS BEING PERFORMED?**

Electrical <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Electrical service <input type="checkbox"/> New <input type="checkbox"/> Upgrade Size _____ Amps Plumbing (Drain waste & vent) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Gas Piping <input type="checkbox"/> Y <input checked="" type="checkbox"/> N # of shut off valves _____ Fire Alarm <input type="checkbox"/> Y <input checked="" type="checkbox"/> N; Sprinklers <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Commercial Hood Exhaust System <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<b>Water Supply:</b> <input type="checkbox"/> Municipal/Public <input checked="" type="checkbox"/> Well on Lot <b>Number of Burners:</b> _____ <b>Heating Fuel:</b> Electric <input type="checkbox"/> LP Gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/>	<b>Sewer Type:</b> <input type="checkbox"/> Municipal/Public <input checked="" type="checkbox"/> Individual Septic <b>Fuel Storage:</b> Size _____ Inside _____ Outside _____ Above Ground _____ Buried _____

This is to certify that all plans and specifications included with this application will be followed during construction and any changes made shall be only after notifying the Building Code Official. That the proposed work is authorized by the owner or record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

**NOTE:** Two full sets of drawings including structural details and a plot plan of lot showing setbacks to all lot lines must be attached.

APPLICANT: SIGNATURE: Kathryn Heikkila PRINT: Kathryn Heikkila Date: 6-14-22

Adding exterior stairs to rear of building

604 Gibbons Hwy  
Monadnock Canine Ctr.

