

APPLICATION FOR BUSINESS PERMIT
TOWN OF WILMOT, NEW HAMPSHIRE

APPLICANT: _____

ADDRESS: _____ TELEPHONE #: _____

PROPERTY OWNER: _____

ADDRESS: _____ TELEPHONE #: _____

PERMIT TO: (Describe project) _____

LOCATION OF PROPERTY: _____

EXISTING USE: _____ PROPOSED USE: _____

TAX MAP #: _____ LOT #: _____ LOT SIZE: _____

RESIDENTIAL USE? _____ IF YES, PLEASE STATE NUMBER OF FAMILIES

LIVING IN EXISTING/PROPOSED STRUCTURE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

(OFFICE USE ONLY)

APPLICATION APPROVED: _____ APPLICATION DENIED: _____

REASON FOR DENIAL: _____

SITE PLAN REVIEW APPROVAL REQ'D? _____ IF YES, DATE OF APPROVAL: _____

FOR PROJECT ENTITLED: _____ PROJECT #: _____

DATE: _____

SELECTMEN