BUSINESS PERMIT APPLICATION

Washington Planning Board 7 Halfmoon Pond Road Washington, NH 03280

Proper	ty Owner: Business Owner:		
Name:	Name:		
Addre	ss:: Address:		
	<u> </u>		
1.	Actual location of proposed business Tax Map No		
2.	Days of operation including hours open and month (if seasonal):		
3.	Nature of business – list all aspects. Attach separate sheet if necessary.		
4.	Will business be confined to the inside or outside of the structure?		
5.	Total square footage available for off-street parking:		
6.	Projected number of vehicles at site during business hours:		
7.	Will there be any by-products, i.e. smoke, garbage, hazardous waste, rejects, packing materials, noise pollution? Yes No If yes, provide details		
8.	If the business is food related, all State regulations must be met. If uncertain, Write to New Hampshire Division of Public health, Hazen Drive, Concord, NH		

03301 or call 271-4581.

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Yes No NA	oated, has a new design been filed?
10. Is the existing septic system State approved Approval Number (if known)	
11 .In what manner will customer approach you Mail Phone E-mail Other_	
12. What is the present source of water? Drilled Stream Cistern	d well Dug well Lake
13. Will there be outside lighting? Yes No	o
14. Were or are variances needed to comply w Use Ordinance (LUO)? Yes No	
15. Does property deed allow non-residential	use? Yes No
16. Site-plan review completed? Yes No_completed Yes No	or Exemption to Site Plan
Indicate here if business is pre-existing: Date business started:	Applicant's Signature
	Date
FOR PLANNING BOARD USE ONLY: Comments:	
Approved for:	Operation Denied:
Minor Home Business (Cottage Industry) Home Business Business	Reasons:
Permit #	
Chairman, Planning Board	Date