

TOWN OF ALLENSTOWN, NH – 16 School Street, 603-485-4276

Permit Application

TENANT FIT-UP; NEW USE; CHANGE IN USE; HOME OCCUPATION

Office Use:	Cost of All Construction:	Fee	Chk#	Cash
Zoning District:	HD-A:	Map #:	Lot#:	Building Permit# :

*Print in Ink or Type. Complete all blanks or indicate "N/A" if not applicable.***PROPERTY OWNER**

Name:

Address:

Street #

Street Name

City:

State:

Zip

Phone: ()

Fax: ()

PERMIT APPLICANT

Name:

Address:

Street#

Street Name

City

State:

Zip

Phone: ()

Fax: ()

Address of New/Change In Use:

unit#:

Street Number

Street Name

Contact/Contractor Name:

Contact Phone:

Lot Size:

Description of Proposed Work:

Existing Use(s) in Building

Unit #	Business Name	Residential Use Business/Occupation	S.F. Area of Space
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TOTAL EXISTING AREA**Proposed New Use(s) in Building**

Unit #	Business Name	Residential Use Business/Occupation	S.F. Area of Space
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TOTAL NEW AREA

New use in same building? Y/N If no, explain situation: