



# Town of Hillsborough Water & Sewer Commissioners

4 Church Street PO Box 2216 Hillsborough, NH 03244  
water-sewer@hillsboroughnh.net



## CHANGE OF USE APPLICATION

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Map/Lot #: \_\_\_\_\_

Current Use: \_\_\_\_\_ Residential - Single family  
 \_\_\_\_\_ Residential - Multi-family  
 \_\_\_\_\_ Commercial (list type \_\_\_\_\_)  
 \_\_\_\_\_ Industrial  
 \_\_\_\_\_ Other: Description - \_\_\_\_\_

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Proposed Use: \_\_\_\_\_ Residential - Single family  
 \_\_\_\_\_ Residential - Multi-family  
 \_\_\_\_\_ Commercial (list type \_\_\_\_\_)  
 \_\_\_\_\_ Industrial  
 \_\_\_\_\_ Other: Description - \_\_\_\_\_

Please provide a description of the intended change of use (you may attach a separate paper if there is not enough room): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Multi-family:

Number of housing units: \_\_\_\_\_ Number of bedrooms per unit: \_\_\_\_\_

If Commercial:

Number of employees: \_\_\_\_\_ # of Months per year Business to Be Open \_\_\_\_\_

Facility size (square feet): \_\_\_\_\_ Days & Hours of Operation: \_\_\_\_\_

Property size (acres): \_\_\_\_\_ If restaurant, seating capacity \_\_\_\_\_

Any discharge to sewer other than domestic wastewater? \_\_\_\_\_

If yes, list other discharges: \_\_\_\_\_

If Industrial:

Number of employees: \_\_\_\_\_ Number of Work Shifts: \_\_\_\_\_

Number of Months Business to Be Open \_\_\_\_\_ Facility size (square feet): \_\_\_\_\_

Property size (acres): \_\_\_\_\_ Facility size (square feet): \_\_\_\_\_

Any discharge to sewer other than domestic wastewater? \_\_\_\_\_

If yes, list other discharges: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commissioners review comments and/or conditions: \_\_\_\_\_

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**Approved - - Denied** Date: \_\_\_\_\_

\_\_\_\_\_  
Water and Sewer Commissioner

\_\_\_\_\_  
Water and Sewer Commissioner

\_\_\_\_\_  
Water and Sewer Commissioner