TOWN OF HILLSBOROUGH, NH

Permit Number:

BUSINESS OCCUPANCY PERMIT APPLICATION

INSTRUCTIONS

Please return the completed application form, and application fee of \$50.00 to:

Town of Hillsborough P.O. Box 7 Hillsborough, NH 03244	Phone: (603) 46	54-3877 ext. 223	Email: buildingsec@hillsboroughnh.net
BUSINESS OWNER			
Name:			
Last			First
Mailing Address:			
Phone:		_Email:	
PROPERTY INFORMATION		Map Number	Lot Number
Zone: Water Distri	ct:Yes	No (If yes, you M	UST contact Water & Sewer PRIOR
to occupancy) Have you contact	ted the Water District	Yes	No (If no, application will not
be accepted)			
Location (include street address):			
PROPERTY OWNER			
Name:Last			First
BUSINESS DESCRIPTION			
Type of Business:			
Description of Business Activities	s:		
Hazardous Chemicals/Materials t	to be stored on the prem	ises: (Use additiona	al sheets if necessary)
**********	*******	******	**********
Date of Planning Board Approval Penalty equal to double the perioccupancy permit. Fee Paid: \$_	*		ess to the public without obtaining a business
Signature of Business Owner ************************************	*******		nte **************
Approved			
	Building Inspector		Date
Denied	6 T		