

Business Description

Name of Business:	<input type="text"/>	Phone:	<input type="text"/>
Business Address: <i>(No PO Box)</i>	<input type="text"/>	Square Footage:	<input type="text"/>
Principal Use #: <i>(Reference Zoning Ordinance Article II, M)</i>	<input type="text"/>	Business Type:	<input type="text"/>

Description of Business Activities:

Trailers/Manufactured Homes

Certificate of Origin for a Trailer/Manufactured Home

Year	Model	Manufacturer:	Model Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Number:	<input type="text"/>	State of NH, Warranty Seal #	<input type="text"/>

Please Read and Sign: By signing this application, I understand that the necessary inspections are required and authorized personnel will enter my property prior to permitting.

Signature of Business Owner

Date

Signature of Property Owner

Date

Required Signatures

PLANNING BOARD:

ZONING COMPLIANCE:

SAFETY INSPECTION:

HEALTH OFFICER:

For Assistance:

*Zoning Compliance Officer
Office: (603) 736-9002 ext: 105
Cell: (603) 608-7101*

Resources:

[Town of Epsom](#)

[Epsom Tax Map](#)

[Planning Applications and Forms](#)

[Zoning Ordinances and Applications](#)