

**P.O. Box 10**  
**Epsom, NH 03234-0010**  
**(603) 736-9002**  
**FAX (603) 736-8539**



Date Received: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

*Download the form to complete electronically!*

**Date:**

**Business Owner or Resident**

Name:

**Mailing Address****Phone:**

**Email:**

## Name:

**Mailing Address (No PO Box)****Phone:****Email:**

**Zone Type: Map:**

**Lot:**

**Sub:**

**Acreage:**

**Frontage: Flood Plain:**

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**Business Description****Name of Business:****Phone:****Business Address:***(No PO Box)***Square  
Footage:****Principal Use #:***(Reference Zoning Ordinance Article II, M)***Business  
Type:****Description of Business Activities:****Trailers/Manufactured Homes****Certificate of Origin for a Trailer/Manufactured Home****Year****Model****Manufacturer:****Model Name****Identification Number:****State of NH,****Warranty Seal #**

***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](#)**